EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING HEALTH HAZARDS OF TOBACCO CONSUMPTION AMONG ADOLESCENT BOYS IN SELECTED SCHOOL AT KANYAKUMARI DISTRICT.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY CHENNAI, IN PARTIAL FULFILMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL - 2016

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APPROVED BY DISSERTATION COMMITTEE ON 23.12.2014

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BONAFIDE CERTIFICATE

This is to certify that the dissertation entitled "**A Study to Assess the Effectiveness of Video Assisted Teaching Programme on Knowledge Regarding Health Hazards of Tobacco Consumption among Adolescent boys in Selected Higher Secondary Schools at Kanyakumari District."** is a bonafide research work done by **Mrs.Jasphin Shiny .J, II year M.Sc (N),** Sree Mookambika College of Nursing, Kulasekharam under the guidance of **Mrs. Suja Renjini, M.Sc., (N), Assistant Professor of Child Health Nursing,** in partial fulfillment of the requirements for the Degree of Master of Science in Nursing under Tamil Nadu Dr. M.G.R Medical University.

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CERTIFICATE

This is to certify that the dissertation entitled "**A Study to Assess the Effectiveness of Video Assisted Teaching Programme on Knowledge Regarding Health Hazards of Tobacco Consumption among Adolescent boys in Selected Higher Secondary Schools at Kanyakumari District."** is the outcome of the original research work under taken by me under the guidance of **Mrs.Suja Renjini, M.Sc., (N), Assistant Professor of Child Helath Nursing,** Sree Mookambika College of Nursing, Kulasekharam. I also declare that the material of this has not formed anyway the basis for the awarded of any degree or diploma in this university or any universities.

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Date : 10.02.2016 **II year M.Sc., (N)**

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INVESTIGATOR

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Abstract

India is the largest producer of tobacco. Most of the people who smoke first, light up a cigarette when they are teenagers .In fact 80% of tobacco users began the habit before they turned 18 years. In India every day 77 lakhs Indian children below 16 years were using tobacco on a regular. In the year of 2014, India has estimated more than 110 million people smoke cigarettes over 98 million men and over 12 million women. The aim of the research was to assess the effectiveness of Video Assisted Teaching Programme on Knowledge of Adolescent boys regarding health hazards of tobacco consumption at Govt. Higher Secondary School, Kandanvilai The study was designed as one group Pretest posttest Pre experimental design. Total of 50 samples were selected based on purposive Sampling Technique. The investigator used Structured Questionnaire to collect the data. The study finding revealed that there was a significant improvement in the mean knowledge during the pre test, 70% scored below average knowledge and 30% average knowledge. During the post test, 23.3% scored above average knowledge and 63.4% scored average knowledge and 13.3% scored below average knowledge. By comparing the pre test and post test researcher can find out that in pretest, 70% Adolescents scored below average but in post test only 13.3% scored below average regarding health hazards of tobacco consumption. Video Assisted Teaching Programme are effective and improvement in the level of knowledge regarding health hazards of tobacco consumption among adolescent boys.

Key Words : *Video assisted teaching programme, Knowledge, Health hazards, Tobacco, Adolescents*.

CHAPTER : I

Introduction

"Snow and adolescence are the only problems that disappear if you ignore them long enough".

Gliflared Marcyon

The Word Adolescence is coined from latin word "Adolescere" that implies "To grow into maturity" Adolescence is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood.

Adolescence begins with the onset of Puberty. It is defined by the UNICEF as "the sequence of events by which the individual is transformed into a young adult by a series of biological changes. According to WHO, adolescence is the period of life that extends from 10 years to 19 years. It is divided in three phases early, middle and late adolescence. Rogers (1985) submitted that adolescence is a process of achieving the attitude and beliefs needed for effective participation in a society.

Adolescent period is a period of transition from child hood to adulthood . Achieving independence with in the family is an important goal of adolescence. The time period extends from age 10 or 12 years through atleast 18 years of age. There is predictable shift from family to peer orientation but most adolescents still identify strongly with their families. The ongoing relationship between adolescents and family after develops into an interdependent relationship. Adolescents need parental interest and help, they don't need their parents to act like their peers.

Adolescence period lasting from approximately age 11 to 21 covers many social and emotional changes. This transition between childhood and adulthood leads to rapidly changing behaviors, identity disturbances and strong emotions. Although these characteristics can frustrate or confuse parents, they are developmentally normal and a natural part of an adolescent's growth.

Adolescents can shift moods rapidly, vacillating between happiness and distress and self-confidence and worry. Some of these mood changes stem from biological sources.

Increased hormones and changes to the brain structure arise from normal physical growth. Also, complex social interactions such as conflicts with friends, school pressures and experimentation with romantic relationships can exacerbate the labile emotional state of adolescents.

Adolescence is a time when teenagers begin to explore and assert their personal identities. During this developmental period, teenagers engage in a process of searching for where they fit in with peers and society at large. It is common for adolescents to have an unstable sense of self and try out new personal labels and associate with various peer groups.

Additionally, adolescents might struggle to define their sexual and gender identity during the teenage years. While these unstable identity issues are a common part of early adolescence, they tend to stabilize between the ages of 19 and 21, according to the American Academy of Child and Adolescent's "Facts for Families," as cited by the Early Head Start National Resource Center.

During adolescence, relationships with peers begin to take precedence over relationships with the family. Although family interactions are still important and essential for a teen's development, adolescents often place a stronger emphasis on their friends' perceptions and values. Likewise, during the adolescent years, teens might be strongly influenced by their peers' beliefs and behaviors. Paired with adolescents' limited life experience and under developed decision making skills, teenagers are often vulnerable to negative peer pressure.

Adolescents often test parents' and teachers' rules and boundaries. Although this rebellious behavior might seem oppositional to parents, in most cases, this behavior is driven by the adolescent's need to develop autonomy, experience new activities and earn more independence, (American Psychological Association). Even though teenagers can benefit from testing boundaries during adolescence, they still require rules and boundaries if they are to avoid negative influences and achieve their potential.

It is often difficult for adolescents to look at circumstances from other people's perspectives. This is due, in part, to their still-developing brain structures. Thus, adolescents might come off as selfcentered and focused on their own needs without considering how those needs affect others. This apparent lack of empathy is normal and typically resolves itself once a teen reaches the end of adolescence. However, a complete lack of empathy in adolescents could mean a more significant underlying mental health issue exists.

In 2010, about 2.6 million American adolescents (aged 12-17) reported using a tobacco product in the month prior to the survey. In that same year it was found that nearly 60 percent of new smokers were under the age of 18 when they first smoked a

cigarette. Of smokers under age 18,more than 6 million will likely die prematurely from a smoking related disease.

Tobacco use in teens is not only the result of Psychosocial influences, such as peer pressure; recent research suggests that there may be biological reasons for this period of increased vulnerability. There is some evidence that intermittent smoking can result in the development of tobacco addiction in some teens.

Adolescents may also be more sensitive to the reinforcing effects of nicotine in combination with other chemicals found in cigarettes, thus increasing susceptibility to tobacco addiction. A recent study also suggests that specific genes may increase risk for addiction among people who begin smoking during adolescence.

Over the past four decades, tobacco use has caused an estimated 12 million deaths in the World, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases and 94,000 infant deaths related to mothers smoking during pregnancy. According to WHO (2009) consumption of Tobacco has been growing at the rate of 2% to 5%, Per annum. It is estimated that number of deaths due to tobacco will increase from 3 million per year worldwide 60 to70 million per year by 2025.

“Tobacco consumption means any habitual use of the tobacco plant, leaf and its products. The predominant use of tobacco is by smoke inhalation of cigarettes pipes and cigarettes. Other variety of tobacco products that are either snuff, sucked or chewed”. “Active smoking means taking tobacco smoke into the mouth and then releasing it, as is done by tobacco pipes and cigarettes”.“Passive smoking is the inhalation of smoke called second hand smoke or environmental tobacco smoke by person other than the intended active smokers”.

Tobacco use in children and adolescent is reaching pandemic levels. The World Bank has reported that nearly 82,000 – 99,000 children and adolescents all over the World begin smoking every day. About half of them would continue to smoke to adulthood and half of the adult smokers are expected to die prematurely due to smoking related diseases. If current smoking trends continue, tobacco will kill nearly 250 million of today's children.

India is the second most populour country in the world. It is a secular country but the Hindus form the majority. Hinduism traditionally advocates abstinence from all intoxicants. Even then, India is the third largest producer and consumer of tobacco in the world. The country has a long history of tobacco use. Tobacco is used in a variety of ways in India; its use has unfortunately been well recognized among the adolescents. Tobacco addiction of a large number of adults has been initiated during the adolescence. According to the most recent Government of India National Sample Survey data there are 184 million tobacco consumers in India. About 20 million children of ages 10-14 are estimated to be tobacco-addicted, and Cigarette smoking in more common among the upper and middle socio economic class.

The main risk factor of tobacco consumption is tobacco use by parents. Family plays a very important role in initiation of tobacco use by a young child or adolescent. Tobacco use by parents or an elder sibling increases the likelihood that a child begins smoking. Although children may start smoking for psychosocial reasons like peer influences, curiosity, desire for experimentation or as a remedy for stress, the pharmacological motives take place on very early in their smoking career, Peer pressure, easy availability of tobacco products is an important determining factor for

initiation of tobacco use among children and adolescents. Psychological factors such as poor school performance, truancy, low aspiration for future success, and school dropouts have been found to be associated with smoking at an early age. Children with low self esteem are likely to be vulnerable to drug use including the tobacco. Antisocial contacts such as gang participations, poverty, lack of supervision.

Studies in Sweden found that snuff (snus) users were more likely to die from their heart attacks than non – users. A large American cancer society study showed that men who switched from cigarettes to snuff on chewing tobacco had higher death rates from heart disease, stroke, cancer of mouth and lung, and all causes of death combined than former smoker. Smokeless tobacco may also play a role in heart disease and high blood pressure. Other cancer caused by tobacco include cancer of the pancreas, nasal cavity, urinary tract, Oesophagus, pharynx, larynx, intestines and the stomach. About 70 percent of deaths in smokeless tobacco users, are from oral cancer, smokers are 30% to 40% more likely to develop type 2 diabetes than non smokers. The Chemicals in tobacco smoke harm blood cells and damage the functions of heart.

The health hazards of tobacco use leads most commonly to diseases affecting the heart, liver and lungs, smoking is major risk factor for heart attacks, strokes, chronic obstructive pulmonary diseases (COPD) , emphysema and chronic bronchitis and cancer particularly lung cancer, cancer of the larynx and mouth, and pancreatic cancer, It also causes peripheral vascular disease and hypertensions.

Need for the Study :

Tobacco use is the single greatest cause of preventable death globally, As many as half of people who use tobacco die from the results of this use. While

tobacco use is decreasing in many developed countries it is increasing in developing countries such as India.

Globally, tobacco use kills nearly 6 million people a years, including approximately 600,000 deaths resulting from second hand smoke. It current trends, continue it is estimated that tobacco will cause approximately 8 million deaths per year by 2030, and 1 billion total deaths in the twenty first century the majority of which will occur in low and middle income countries.

The international Agency for Research on Cancer (IARC) 2013 has estimated that annually there are 1.1 million cancer deaths globally and 83% (935,000 a year) are caused by smoking. The danger of cigarette smoke extend to non smokers who are exposed to second hand cigarette smoke also called forced smoking. In countries with a high male to female smoker ratio, women are offer victims of second hand smoke exposure, illness and deaths. Second hand smoke deaths occur among women and children

India is the second largest producer of tobacco every day 8 to 9 lakhs Indian die due to tobacco use. Nearly I in 10 adolescents in the age group 13-15 year have ever smoked cigarettes and almost half of these initiating tobacco use before 10 years of age. In India every day 77 lakhs Indian children below 16 years were using tobacco on a regular. All over the world especially developing countries in the age group of starts use of tobacco. In the year of 2014, India has estimated more than 110 million people smoke cigarettes over 98 million men and over 12 million women. Indian female smoker consumer seven cigarettes a day compared to men average six per day.

Nation Wide 20% of high school students were smoking cigarettes in (2010). The most recent survey of middle school students shows that about 5% were smoking

cigarettes. In both high schools and middle schools many studies among smokers have established the fact that depression is one of the main reasons for people addicted with tobacco.

The Tamil Nadu voluntary Health Association (TNVHA) along with the Adyar cancer Institute [2014] conducted a household survey is the state to map tobacco usage at the end of the year. Tobacco in any form it may lead to cancer. Tamilnadu prevalence of smoking was found to be 36.7% cigarette smoking was more common beedi and smokeless tobacco.In Kerala states (2014), rapidly growing population of cancer patients and now the latest shocker news was 74% of children between the age group 5-18 in the state of using tobacco.

According to the Global Adult Tobacco Survey (GATS) (2012), tobacco kills nearly 6 million people every year world wide, of which is more than 600,000 are near smokers exposed to second hand smoke. The Global youth Tobacco survey (GYTS) in (2009) indicated that the National prevalence of current tobacco use among school going adolescents between (13-15 years of age) was 14.1%.

South East Asia Regional Officer (WHO -SEARO) and Indian council of Medical research Provided detailed population based tobacco use prevalence data for youth in the age group of 10-14 years in two states Uttarpredesh boys 3%, Karnadaka 1.3%.

Integrated Disease Surveillance Projects (IDSP) Non communicable disease Risk Factors survey (2008) in Tamil Nadu 25% of Adolescent boys in urban area and 30% of Rural areas addicted with tobacco.

The study analyzed the data from the global adult Tobacco Survey (GATS) conducted between October 2008 and March 2010. The data from 14 low and middle income countries that "Collectively contribute to the most of the disease burden attributable to tobacco use" was compared with that of the U.K and the U.S. the number of people surveyed was different in the case of each country. India had the highest number surveyed, both men and women. Having nearly 278 million tobacco users, India rank second globally and very close to china (approximately 301 million users) But unlike china, where nearly all are smokers and nearly 45 percents smoke manufactured cigarettes, India accounts for more of smokers tobacco users – 206 million, says a study published today (August 17) in the Lancet.

Ablittin James Benitto (2013) conducted a experimental study on effectiveness of Video Assisted Teaching module on effects of substance abuse of health and its preventing measures among adolescents in Bangalore. Quasi experimental design ,pre and post test design was used. Sample size is 70 and purposive sampling technique is used. Data were collected by structured questionnaire. Data were analysed by using descriptive and inferential statistics. The finding revealed that the mean percentage of pre test and post test knowledge score in pre test 12.06 ± 1.92 which is 40% where as in post test the mean score was 22.63± 1.90 which is 75% revealing 35% of difference in mean score and "t"value-36.32, and no significant association between the pre test scores and demographic variables.

Abazinab. S et al., (2015) conducted a cross sectional study on prevalence and predictors of cigarette smoking among adolescents. The study was conducted from April 10 to April 15, 2014 in 12 high schools selected randomly from public and

private sectors, in Ethiopia. Sample size was 1673 and random sampling technique was used in this study. The age group is 13-19 years. Data were collected by self administered questionnaire. The study finding revealed that 28.6% ever smokers, 17.2% current smokers more than half (60.8%) of adolescents were exposed to tobacco smoke from other in public places.

As per the above reviews and prevalence rate stated, the investigator identified that tobacco consumption is common among Adolescents and video assisted teaching is effective to improve the knowledge regarding health hazards of tobacco consumption .

Statement of the problem:

A study to assess the effectiveness of video assisted teaching programme on knowledge regarding health hazards of tobacco consumption among adolescent boys in selected higher secondary schools at Kanyakumari District.

Objectives :

1. To assess the knowledge of adolescents regarding tobacco consumption and its hazards before video assisted teaching programme.
2. To assess the knowledge of adolescent regarding tobacco consumption and its hazards after video assisted teaching programme.
3. To determine the effectiveness of video assisted teaching programme among adolescent.
4. To determine the association between knowledge and selected demographic variables.

Hypotheses

1. There is a significant improvement in the level of knowledge after video assisted teaching programme regarding tobacco consumption.

2. There is a significant association between knowledge and selected demographic variables of adolescent regarding tobacco consumption.

Operational definition

Effectiveness :

It refers to the extent to which the video Assisted teaching programme will be helpful in gaining knowledge regarding health hazards of tobacco consumption among adolescent. It should be measured by structured questionnaire.

Video Assisted Teaching programme **:**

It refers to video teaching programme prepared by Investigator regarding tobacco consumption, and its prevalence rate, health hazards and awareness about the harmful effect of tobacco consumption. Duration is 20 minutes.

Knowledge :

In this study knowledge refers to gaining of information regarding tobacco consumption, its meaning, risk factors, symptoms affected each systems and preventive measures regarding tobacco consumption of the adolescents.

Health Hazards :

In this study health hazards refers to ill effects caused by tobacco consumption such as cancer (particularly lung cancer, cancer of the larynx and mouth, and pancreatic cancer) Chronic obstructive pulmonay diseases (including emphysema and chronic bronchitis) peripheral vascular disease and hypertension.

Tobacco consumption :

It refers to any habitual use of the tobacco plant, leaf and its products.

Adolescents :

Adolescents refers to the age group between 13-15 years.

Assumption:

1. The Adolescents may have limited knowledge regarding the health hazards of tobacco consumption.
2. A video assisted teaching programme will improve the knowledge regarding the health hazards of tobacco consumption among adolescents.

Delimitation:

The study is delimited to

- Boys who are studying in selected schools.
- Boys who are willing to participate in this study.
- Boys who are available on the day of data collection.

- Period of the data collection is 4 weeks.

Ethical consideration

The study was approved by the dissertation committee of Sree Mookampika College of Nursing. The formal permission was obtained from Headmistress in Govt Higher Secondary School, Kandan vilai. Oral consent was obtained from the study sample by explaining the need and significance of the study . The subjects were assured that privacy and confidentiality would be maintained in the study.

Conceptual Frame Work :

Conceptual frame works act like maps that give coherence to empirical enquiry. The main concepts of General system theory are Input, Throughput, output and feedback. It was developed by Ludwigvon Bertalanffy (1968) and modified by J.W. Kenny's open system model.

The system theory is concerned with change due to Interrelation between various factors in a situation. All living system are open, in which there is a continued exchange of matter, energy and Information. Open system have varying degrees of input and gives output in the form of matter, energy and Information. This model has four phases input, through put, output and feedback.

Input :

In this study, Input consists of Information, material, or energy that enters the system. Input is video Assisted teaching programme.

Throughput :

In this study throughput refers to process after the input absorbed by the system in a way useful to the system. This transformation is called throughput. Throughput was the transformation process which is obtained by delivery of video assisted teaching programme.

Out put :

In this study out put refers to the level of knowledge improved through video assisted teaching programme.

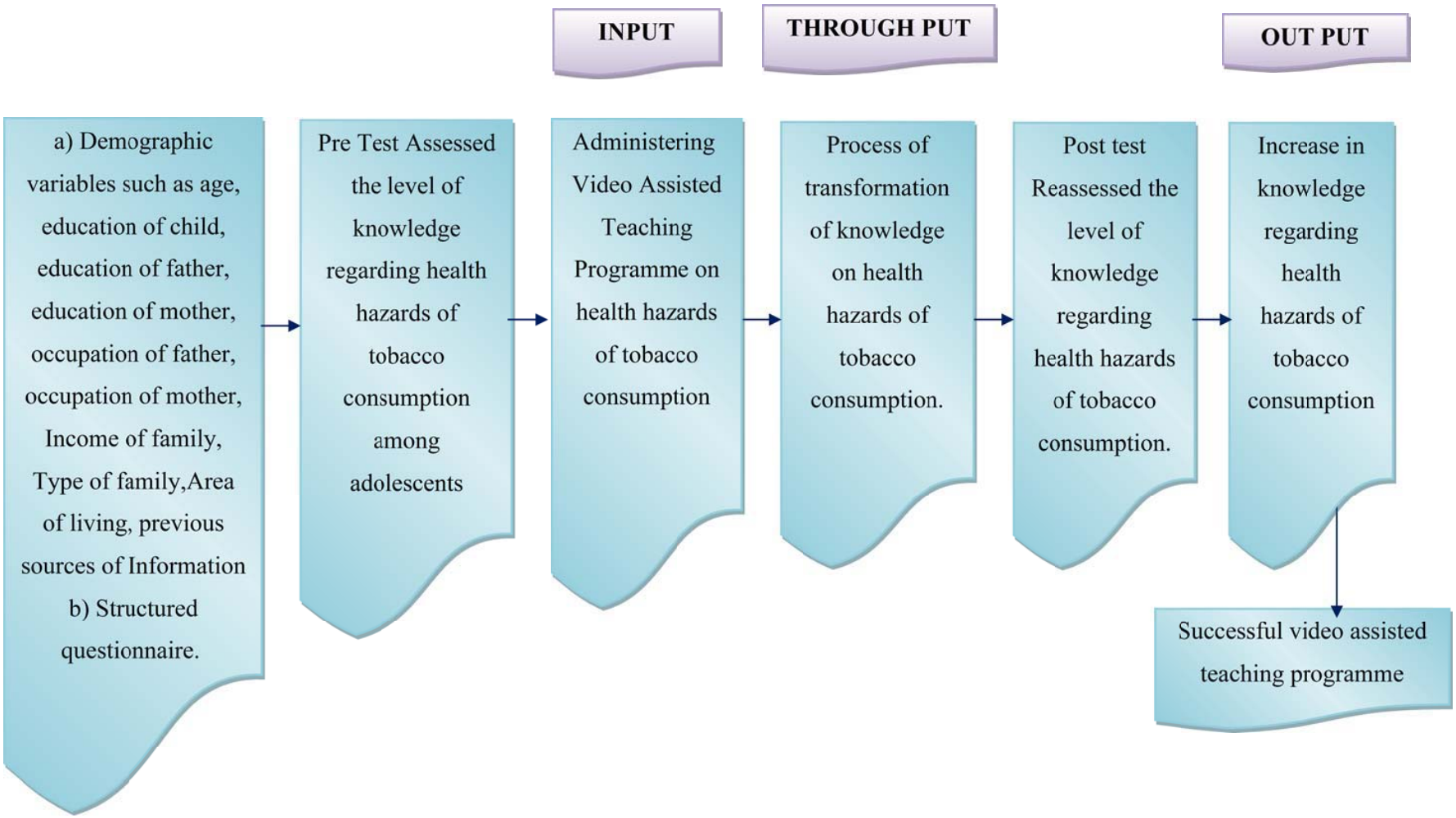

Figure. **1 : Conceptual frame work Based on Modified J.W. Kenny's Open System Model**

CHAPTER - II

Review of Literature

Review of Literature is key step in research process. It provides the current theoretical and scientific knowledge about a particular problem and resulting in synthesis of what is known or not known.

The literature is reviewed under following heading.

Part – 1 Studies related to prevalence rate of smoking among adolescents.

Part – 2 Studies related related to factors attributing the tobacco consumption in adolescents.

Part – 3 Studies related to knowledge of adolescents on the health hazards of tobacco consumption.

Part – 4 Studies related to video assisted teaching programme on cessation of Tobacco consumption.

Reviews related to Prevalence rate of smoking in Adolescents :

Abazinab. S et al., (2015) conducted a cross sectional study on prevalence and predictors of cigarette smoking among adolescents. The study was conducted from April 10 to April 15, 2014 in 12 high schools selected randomly from public and private sectors, in Ethiopia. Sample size was 1673 and random sampling technique was used in this study. The age group is 13-19 years. Data were collected by self administered questionnaire. The study finding revealed that 28.6% ever smokers,

17.2% current smokers more than half (60.8%) of adolescents were exposed to tobacco smoke from other in public places.

Abdulmonsen et al (2015) conducted a cross sectional study on prevalence and predictors of cigarette smoking among adolescents, in Saudi Arabia. Cluster sampling technique is used for this study. Sample size is 3400. The samples selected from higher secondary school at Madinah. The age group in 10-17 years. Data were collected by questionnaire. The study finding revealed that prevalence of smoking was higher among these aged 16 or more (18.3%) male (21.3%), secondary school students (16.3%) private school students (17.4%) adolescents reported pocket money less than 300 SR (14.3%) and adolescents in the illiterate parents (48.2%) .

Durgesh Thakur et al (2014) conducted a cross sectional study on prevalence of cigarette smoking and its predictors, among school going adolescent in North India. Startified cluster sampling was used , samples selected from grades 9^{th}, 10^{th}, 11^{th}, 12^{th} of the schools. The study was conducted during the period from September 2012 to 2013. Sample size was 720, The study finding revealed that eighty three out of 720 students (11-8%) were currently smoking cigarettes. The mean age of initiation of smoking was 13 years more adolescent boys (22%) when compared to girls (1%) were cigarette smokers ($P<0.001$). With increasing age the prevalence of smoking increased. It was 6.4% in adolescent aged 14 years and increased to 26.3% in adolescent aged 19 years.

Tadele Eticha et al (2014) conducted a cross sectional study on prevalence and factors Associated with current smoking among College of health sciences students , Makelle University in Northern Ethiopia. Startified random sampling method was used and sample size was 193. Data were collected by self administered

questionnaire. Data were analyzed by using statistical package for social sciences (SPSS) version 20.0. The study finding revealed that 57 (29.5%) of the students were current smokers. The two main reasons cited for smoking cigarettes were peer pressure (43.9%) and to relieve stress (36.8%).

Radha Krishnan et al (2011) conducted a cross sectional study on prevalence of tobacco use among adolescent students in rural district, Kerala State. Sample selected from high school, age group is 13-15 years. Sample size 1473 random sampling method is used. Data were collected by self administered questionnaires. The study finding revealed that among the participants 91.4% were not tobacco or alcohol uses. 8% of them were tobacco users.

Rahul Sharma et al (2010) conducted a cross sectional study on prevalence of tobacco use among adolescent in South Delhi. Samples selected from schools and two colleges. Cluster sampling design was used. The sample size was 550 by using random method. Data were collected by using questionnaire. The study findings revealed that 55% of students used smokeless form of tobacco. The prevalence of current smoking was7.1%, Exactly 10%(55) of students reported having ever smokeless forms of tobacco. The prevalence of tobacco use over all were found to be 20.9% , and was significantly higher (P=0.016) among the males than the females.

Raj Narain et al (2009) conducted a cross sectional study on Age initiation and prevalence of tobacco use among school children in Noida. Sample size is 4786 and random sampling was used. Cluster sampling design is used and the age group is (11-19 yrs). Data were collected by using self administered questionnaire. The study finding revealed that 537 (11.2%)students ,using and kind of tobacco, 419 (8.8%) were ever smokers, 219(4.6%) were ever tobacco chewers, 179(3.7%) exclusive

smokers, and 118(2.5%) were exclusive tobacco chewers, ever both smoking and tobacco chewing 101 (2.1%). The mean age of initiation of these habits was around 12.4 years.

S. Siziya et al (2008) conducted study on prevalence and correlates of current cigarette smoking among Adolescents in East Timer – centre, The sample size was 41,000 by using random method through the cluster sampling design. Data were collected by questionnaire. The study finding revealed that out of 1790 adolescents 52.1% were ages less than 15 years. 42.8% reported having some one brought for them (16.7%) got from some older factors associated with current smoking close friend smoking, amount of pocket money.

Naresh R. Makwana et al (2007) conducted a cross sectional study on prevalence of smoking and tobacco chewing adolescents Jam Nagar Gujarat. The sample size was 930 by using random method. Data were collected by questionnaire. The study finding revealed that 33.12% of adolescents addicted with one or other types of tobacco chewing majority of addicted adolescents were in the age group 17-19 years 36.26%. Main inducing factor for addiction was found to be friends (61.69%).

Reviews Related to Factors Attribution the tobacco consumption in Adolescents.

Varun Kumar et al (2014) conducted a cross sectional study on Psychosocial determinants of tobacco use among School going adolescents in Delhi. The sample were selected in class 11 and 12 standard from four Govt School by Random sampling technique. Data were collected by questionnaire. Data were analyzed using SPSS version 2.1. The study finding revealed that prevalence of current tobacco use found in 29.5%.current smoking and current tobacco chewing were found in 19.6%

students. The risk of current tobacco use found higher among males (value=0.000) and in those who got higher pocket money (value=0.000). Psychosocial factors like lower general self- efficacy and maladjustments with peers, teachers and schools were also found to be significant predictors of current tobacco use.

Ratna Majumdar et al (2013) conducted a cross sectional study on Socio demographic factors associated with tobacco use in rural maharashtra. Samples size was 378 random sampling technique is used. Data were collected using a questionnaire. Data were analyzed by using the chi square test. The study findings revealed that percentage of tobacco users decreased with an increase in level of education and the difference was statistically significant($X=54.56$; $P< 0.0001$). Peer pressure turned out to be the major cause 80.5% for starting the use of tobacco, followed by influence of family members (11.2%).

Ayalu A Reda et al (2012) conducted a cross sectional study on determinants of cigarette smoking among school adolescents. sample size was 1721 and Random sampling technique used for this study. Data were collected by structured self administered questionnaire. Data anlaysis by Univariate and Multivariate logistic regression. The study finding revealed that smoking cigarettes were for enjoyment (113) 52.8% for trial (92) 42.9% and for other reasons (9) 4.3%.

Saritha Fernanades et al (2012) conducted a descriptive study on Assess the prevalence on attitude of use tobacco products among adolescents boys. The sample size 100 and convenient sampling method was used to select the samples Data were collected by questionnaire and rating scale. The study finding revealed that majority of the subjects 54(54%) of the family members were not consuming tobacco products and 46(46%) at the family member were consuming tobacco products.

Sreedharan.J (2010) conducted a cross sectional study on smokeless tobacco consumption among school children. Randomly selected 5 high schools in Kannur District, Kerala. Sample size was 400. Data were collected by self administered questionnaire. The study findings revealed that mean age of students was 14.4 years with a standard deviation(SD) of 1.2 years and 8.5% (Cl,7.1-10.2)of the participants were tobacco users. Smokeless tobacco was used by 2% (Cl,1.2-3.4) of the participants. Among the tobacco users ,the mean age the start of any tobacco use was 12 years and the maximum age was 14 years. More than 50% smokeless tobacco users started their habit at the age of 12 years.38.5% of them started at the age of 13 years and remaining at the age of 14 years. 84.6% smokeless tobacco users were using it 2-3 times a week and 39% of them revealed that the tobacco products were purchased from shops located near the school.

T.L. Ravisankar (2009) conducted a cross sectional study an factors attributing to initiation of tobacco use in adolescent students in uttar Predesh. The samples size was 590 and random sampling method was used. Data were collected by structured questionnaires. Data analyzing by descriptive analysis and inferential statistics. The study finding revealed that 17.3% of the adolescents have experimental with tobacco. Curiosity and peer pressure were the main reasons behind trying tobacco. Parental tobacco status , especially place of use (at home or outside) had a significant influence on adolescents experimenting tobacco.

Reviews Related to Knowledge of Adolescents on the Health Hazards of Tobacco consumption:

D. Sripriya Selva Kani (2015) conducted a descriptive study on Assess the knowledge of school children on addictive substances. Sample size were 60 children

in the age of 9-11 years. Simple random sampling technique was used. Data were collected by structured questionnaire and an attitude scale. Data analysis was done using descriptive and inferential statistics. The study finding revealed that 60.5% samples had poor level of knowledge and only 10% had fair knowledge.

Ebrim et al (2014) conducted a descriptive cross sectional study on knowledge regarding health hazards of cigarette smoking among adolescents in owerri. Sample size was 944 randomly selected in school male adolescents. Data were collected by self administered questionnaire. Data were analyzed by statistically package of social science (SPSS) version 19.0. The study finding revealed that knowledge health effects associated with cigarette smoking showed that 596(63.1%) of had good knowledge while 348(36.9%) had poor knowledge of health effects with cigarette smoking.

K.H. Awan et al (2014) conducted a study on evaluate current knowledge of an attitudes towards smoking and its among dental professionals. Samples size was 342 and Random sampling technique is used. Data were collected by questionnaire. Data were analyzed by SPSS. The study finding revealed that 33.8%[n=44] General dental practitioners and 30.2%[n=64] of dental students were smokers (9.1%){n=4} dental students 7.8% (n=5) were heavy smokers.

Prof. Panithran Recyaroth et al (2013) conducted study on effectivenss of structured teaching programme on knowledge regarding the ill effects of tobacco use among adolescents in selected high schools of Palakkad District. Quasi experimental one group pre test, post test design was used. The sample size was 50 adolescent age between 12-17 years were selected by simple random method. The study finding revealed that 33% have moderate knowledge regarding ill effects of tobacco use,67% have mild knowledge regarding ill effects of tobacco use. It is also found that the

family history of tobacco use, poor socio economic status and familial matters influence the use at tobacco among adolescents.

Dr. Sushil B. Naik, Dr. Swaphil N Pubil et al (2013) conducted cross sectional study on knowledge regarding Tobacco Habit its hazards among patients. Sample size 200 and random sampling technique is used. Data were collected questionnaire. The study finding revealed that 71.5% patients had knowledge at hazards of tobacco habit and 28.5% patient had poor knowledge at hazards of tobacco.

Dr. Ankita Singh, Dr. Raju Vivek et al(2012) conducted a cross sectional study on tobacco use, its knowledge and practice among school going children in Uttar Pradesh. sample size is 500 and Random sampling technique is used. Samples selected from Govt school in Ghaziabad district. Data were collected by questionnaire.The finding revealed that 80% were known to the effects of tobacco consumption.

Roopa Hans Pal (2011) conducted a cross sectional study on Tobacco consumption practices among school students in Gujarat. sample size is 1200 age group is 16-17. Random sampling technique was used. Data were collected by questionnaire. Data were analyzed by descriptive and inferential statistics. The result of the study was maximum number of uses started tobacco use at the age of 11-15. The study showed a lack of knowledge in the students regarding the consequences of tobacco use. Friends and teachers smoking behaviour is significantly associated with students tobacco consumptions.

D. Krishnaneni 2008 conducted a study to assess the knowledge on tobacco consumption and its hazards among adolescents in Beuary. Non experimental descriptive design was used. Sample size was 100 and Random sampling technique is used data were collected by structured questionnaire. Data were analyzed by descriptive Inferential Statistical technique. The study finding revealed that 26% of the students having good knowledge and 73.6% of the students having poor knowledge.

Review related to Video assisted teaching programme on cessation of tobacco consumption :

Ms. Dinyas Nath (2012) conducted a experimental study to assess the effectiveness of video assisted teaching program on knowledge regarding tobacco chewing and oral cancer among adults , residing at selected community, Bangalore. Quasi experimental research design. Samples in was 60 and simple random sampling technique is used. Data were collected by structured questionnaire. Data were analyzed by using descriptive an infer ential statistics. The study finding revealed that 40% were hard good knowledge and 60% were hard poor knowledge.

Mr. Pratheesh. S. (2011) conducted on A study to evaluate effectiveness of video assisted teaching programme (VAT) on knowledge regarding health hazards of smoking among adolescents in Hassan, One group pre test and post test design is used for this study. sample size was 60 and simple random sampling technique is used. Setting of the study is colleges. Data were collected by structured questionnaire. Data were analyzed by descriptive inferential statistics. The study finding revealed that 70% of the students good knowledge and 30% of students had poor knowledge.

CHAPTER - III

Research Methodology

Introduction

Research methodology is the systematic way to solve the problem. Methodology occupies a key position as far as research documentation is concerned. It may understood as the science of studying how research is done.

This Chapter provide a brief description of different steps to conduct this study. It includes research approach, research design, setting of the study, variables, population, criteria for selection of sample, data collection tool, validity and reliability of tool, data collection procedure and plan for data analysis.

Research Approach :

To accomplish the objectives of the study, the investigator used quantitative approach and the study was intended to assess the effectiveness of video assisted teaching programme on health hazards of tobacco consumption among adolescents.

Research Design

The design used in this study was pre experimental design. That was one group pretest post test design.

It is represented as

$[O_1 \times O_2]$

O_1 - Pre test to assess the knowledge on health hazards of tobacco consumption among adolescents.

x - Video assisted teaching programme on health hazards of tobacco consumption among adolescents.

O_2 - Post test to evaluate the effectiveness of video assisted teaching programme regarding health hazards of tobacco consumption among adolescents.

Variables

Independent Variable : Video assisted teaching programme.

Dependent variable : Knowledge of Adolescent regarding health hazards of tobacco consumption.

Demographic variables :

Age, Educational status at the child, Education of Father, Education of Mother, Occupation of Father, Occupation of Mother, Income, Income of family Type of family, Area of living, previous source of Information.

Setting of the study

This study was conducted in Govt Higher Secondary, Kandanvilai in Kanyakumari District,It is situated Nearer to the Monday market. Distance between Mookambika College and the school is 25 km. Total strength of the school is 220. There is 30 student in Eight standard and 35 student in Ninth standard 40 student in tenth standard.

Population :

The population of this study consists of target population and Accessible population.

Target Population :

Adolescents who are studying in Government Higher secondary, Kandan vilai.

Accessible Population :

Adolescents who are studying Eighth, ninth and tenth standard (13-15 years) in Govt Higher secondary school, Kandan vilai.

Sample size :

The study sample size was 50 adolescents.

Sampling technique :

Purposive sampling technique were adopted for the study. The sample was selected on the basis of inclusion and exclusion criteria.

Sample selection criteria :

Inclusion Criteria :

- Adolescent boys between the age of 13-15 years.
- Adolescent boys who can read and Talk in Tamil and English.
- Adolescent boys who are willing to participate.

Exclusion Criteria :

- Adolescent who are absent at the time of data collection.

Data collection tool :

After extensive review of Literature and guidance of subject experts the tool was prepared. The tool used for this study was structured questionnaire.

Description of the tool:

The tool was organized into two section, section A and section B.

Section A : Demographic variables :

Demographic data consists of ten items seeking information about,

- Age
- Education status of child
- Education of Father
- Education of Mother
- Occupation of Father
- Occupation of Mother
- Type of Family
- Area of Living

- Income of family

- Previous source of Information.

Section – B Structured questionnaire :

This section consists of 25 questions regarding health hazards of tobacco consumption. Each correct answers carriers 1 mark and 'O' for wrong answer.

Score	Interpretation
> 20	Above average
16 – 19	Average
< 15	Below average

Section - C : Intervention

Video assisted teaching programme regarding health hazards of tobacco consumption its meaning, risk factors, symptoms of each system, complication, prevention of tobacco consumption.

Testing of Tool

Validity :

The tool given to 6 experts, 5 experts from the field of Pediatric Nursing and one from Pediatric Medicine. Appropriate modification and correction were made and the tool was finalized.

Reliability

Reliability of the tool was identified by Test Retest method using spearman's rank correlation formula and the reliability was found to be r=0.87 and hence the found to be reliable .

Pilot Study :

Pilot study was conducted for a period of six days to find out the feasibility and practicability of the study. Prior permission was obtained from the principal, and explaining the objectives of the study to adolescents. 5 samples were selected from 8^{th}, 9^{th} and 10^{th}.During the first day, pre test done by using the structured questionnaire that consists of 25 knowledge questions regarding health hazards of tobacco consumption. After pre test in the same day itself video assisted teaching programme was given regarding health hazards of tobacco consumption. On the seventh day, post test done by using the same knowledge questionnaire in the same students. Pilot study findings revealed that the study was feasible and the tool was appropriate for the study.

Data collection Procedure :

A prior written consent was obtained from the Headmistress of Govt Higher Secondary School, Kandanvilai, After self Introduction, objectives of the study was explained to adolescents, and obtained maximum co-operation. The period of data collection was one month. Based on the inclusion criteria the subjects were selected by Purposive Sampling Technique. Pre test was conducted by using structured questionnaire and video assisted teaching programme is given for 20 minutes regarding health hazards of tobacco consumption. After 1 week post test was conducted and the scores were taken for anlaysis. At the end of the successful data collection, conveyed thanks to the Headmistress and teacher and winded up the study.

Plan for data analysis :

The collected data is planned to be analyzed using descriptive and Inferential statistics, such as percentage mean, t-test and chi square test.

Sl.no	Data analysis	Methods	Remarks
01.	Descriptive statistics	• Mean • Standard deviation	Describe Demographic Variable. To find out positive square root of mean of standard deviation
02.	Inferential statistics	• T-test(paired) • Chi square test	To find the significant difference between two means. To find the association between two events.

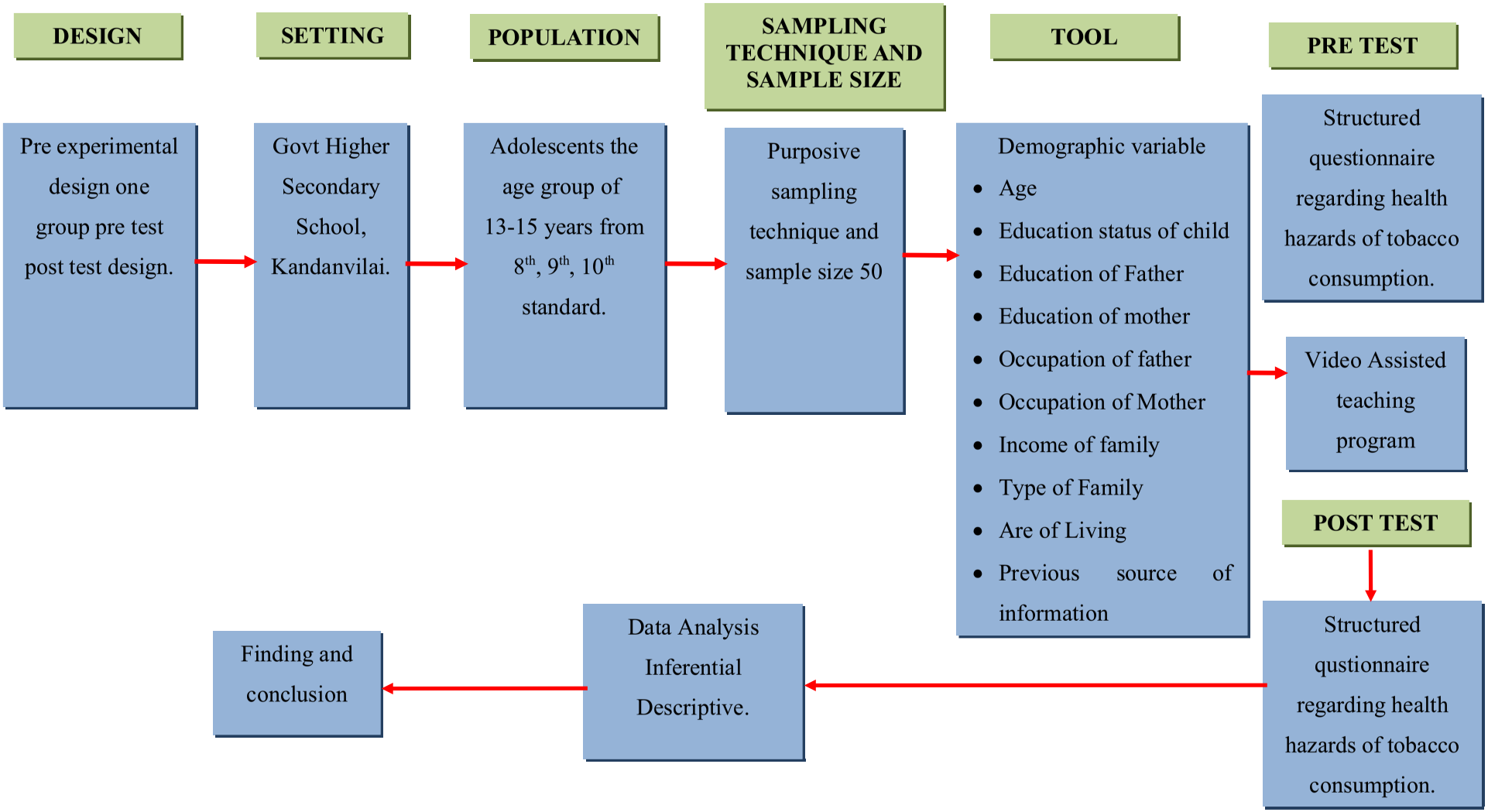

***Figure* 2 : Schematic Representation of research design**

CHAPTER - IV

Data Analysis

The chapter deals with the analysis and interpretation of data collected in accordance with the objectives stated for the study. The analysis and interpretation of knowledge level were made by 't' test. The association between the demographic variables with knowledge level was analyzed and interpreted by χ^2 (chi square) tests. The level of significance was tested at 5% (P= 0.05)

The study was intended to identify the effectiveness of video Assisted Teaching Programme on knowledge regarding health hazards of tobacco consumption among adolescents 13 to 15 years studying at Govt. Higher Secondary School, Kandanvilai, by testing structured questionnaire. The obtained data were analyzed by both descriptive and Inferential statistics.

The data is tabulated and presented as follows:

Section A : Demographic Variables of samples selected for the study.

Section B: This section deals with effectiveness of video Assisted Teaching Programme on health hazards of tobacco consumption

Section C : This section deals with association between knowledge regarding health hazards of Tobacco consumption and their selected demographic variables such as Age, Education status of child, Education of Father, Education of Mother, Occupation of Father, Occupation of Mother, Type of Family, Area of Living, Income of Family, Previous Source of Information.

Section : A

Demographic Variables of samples selected for this study

Table 1 :

Percentage Distribution of study Subjects According to Demographic Variables. N=50

Sl. No	Demographic Variables	Adolescent Children	
		F	%
1.	**Age**		
	a) 13 years	23	46
	b) 14 years		
	c) 15 years	17	34
	Education of the Child	10	20
2.	a) 8 th		
	b) 9 th		
	c) 10 th	16	32
	Education of Father	14	28
	a) Illiterate	20	40
	b) Primary		
3.	c) High School		
	d) Higher Secondary School	0	0
	Education of Mother	16	32
	a) Illiterate		
	b) Primary	22	44
	c) High School		
	d) Higher Secondary School	12	24
4.	**Occupation of Father**		
	a) Un employee	3	2
	b) Daily wages	15	56

	c) Private Employee	21	26
	d) Govt. Employee	11	16
5.	**Occupation of Mother**		
	a) Un employee	1	46
	b) Daily wages		
	c) Private Employee	28	38
	d) Govt. Employee	13	12
6.	**Income**	8	4
	a) Rs. – 10,000		
	b) Rs. – 15,000		
	c) Rs. – 20,000	23	54
	d) 20,000 above	19	28
	Types of Family	6	12
	a) Nuclear Family	2	6
	b) Joint Family		
7.	**Area of Living**	27	54
	a) Urban	14	28
	b) Rural	6	12
8.	**Previous source of Information**	3	6
	a) Parents		
	b) Friends and Family members		
	c) News paper	30	60
	d) Mass media	20	40
9.		7	14
		43	86
10.		18	36
		7	14

	13	26
	12	24

Table 1 shows that the frequency distribution of samples according to the demographic variables. In this study, 46% belong to the age group of 13 years and 34% were in 14 years, 20% were in 15 years. Regarding educational status of child % were32 in 8th standard, 28% were in 9th standard, 40% were in 10th standard. In the Educational status of Father 32% primary school, 44% were in high school and 24% were in higher secondary school. In the educational status of mother 6% were in illiterate, 30% were in primary school, 42% were in high school and 22% were in higher secondary school. Regarding occupation of father, 2% were in un employee, 56% were in daily wages and 26% were in private employee, 16% were in Govt.employee. Also 46% of mother are un employee and 38% were in daily wages and 12% were in private employee, 4% were in Govt. employee. Regarding economic status, 54% of subject family is earning Rs.10,000 income month, 28% were Rs. 15,000, and 12% were Rs. 20,000 and 6% is above 20,000. Also 60% of children belongs Nuclear family and 40% from joint family. Among them 14% of students are from Urban area and 86% from rural areas. Regarding previous source of Information 36% from parents 14% from friends and family members, 26% from Newspaper, 24% from Mass media.

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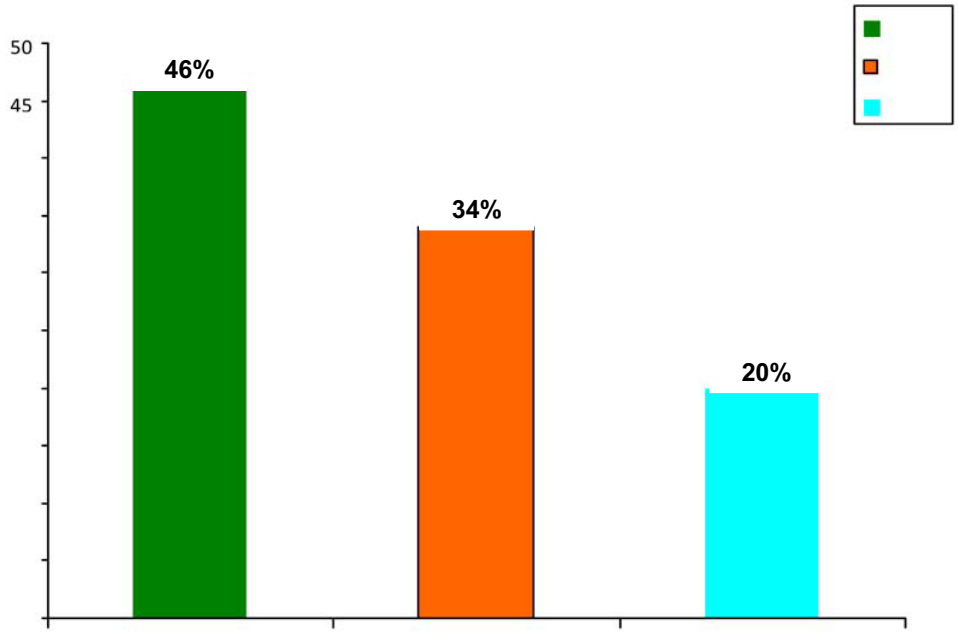

Figure 3 : **Distribution of samples according to age**

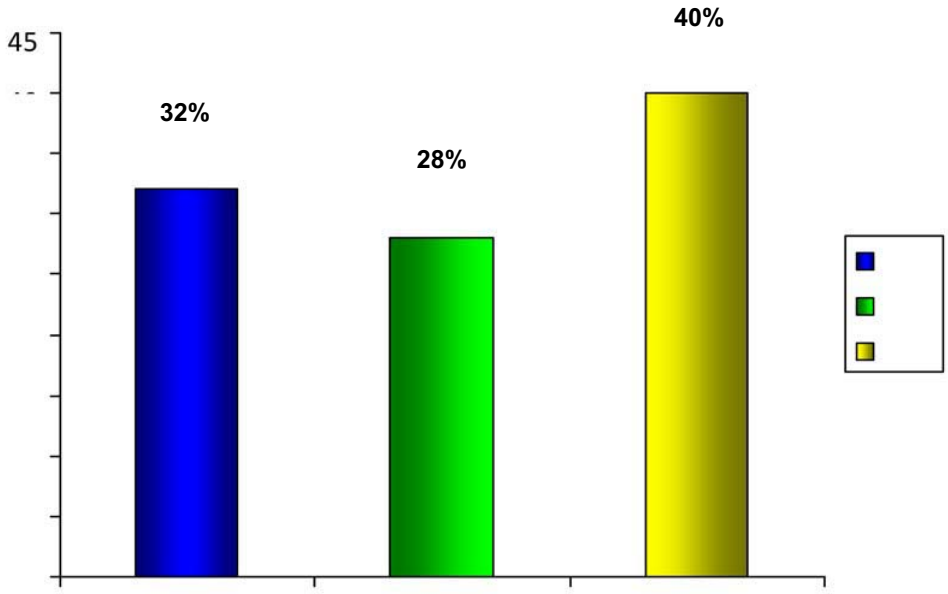

Figure 4 : **Distribution of samples according to Education of child**

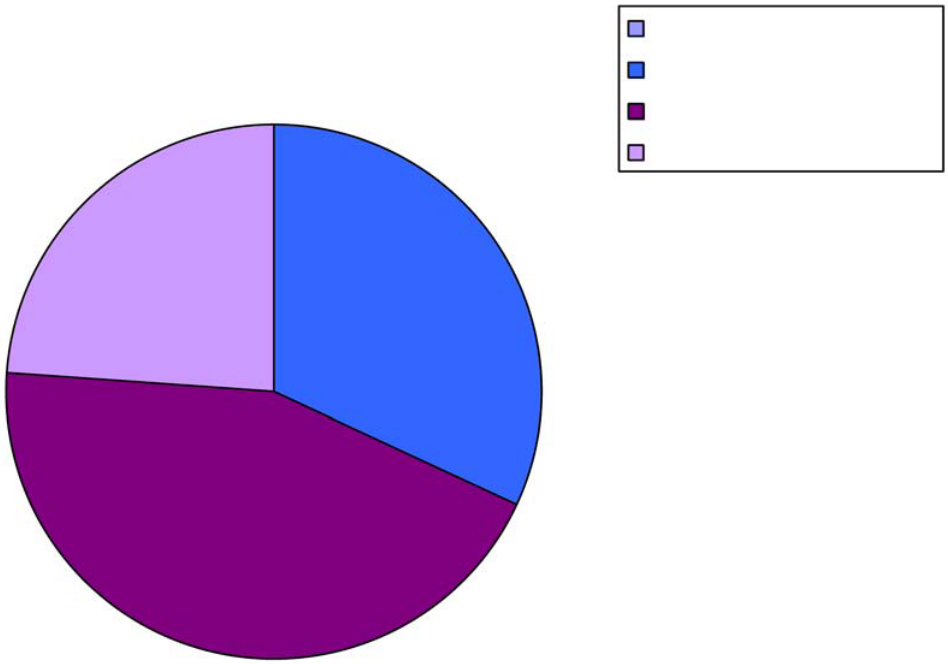

Figure 5 : **Distribution of samples according to Education of father**

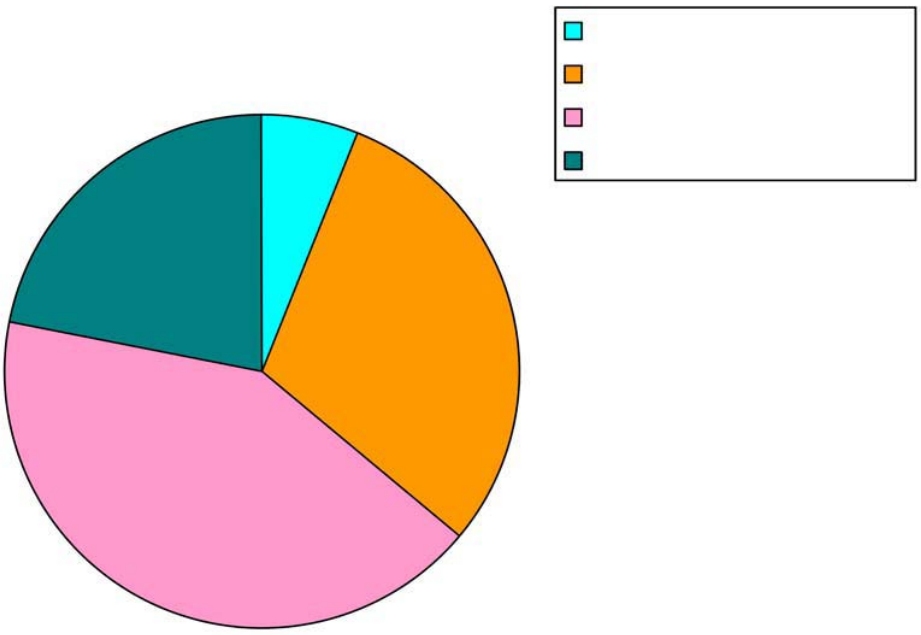

Figure 6 : **Distribution of samples according to Education of mother**

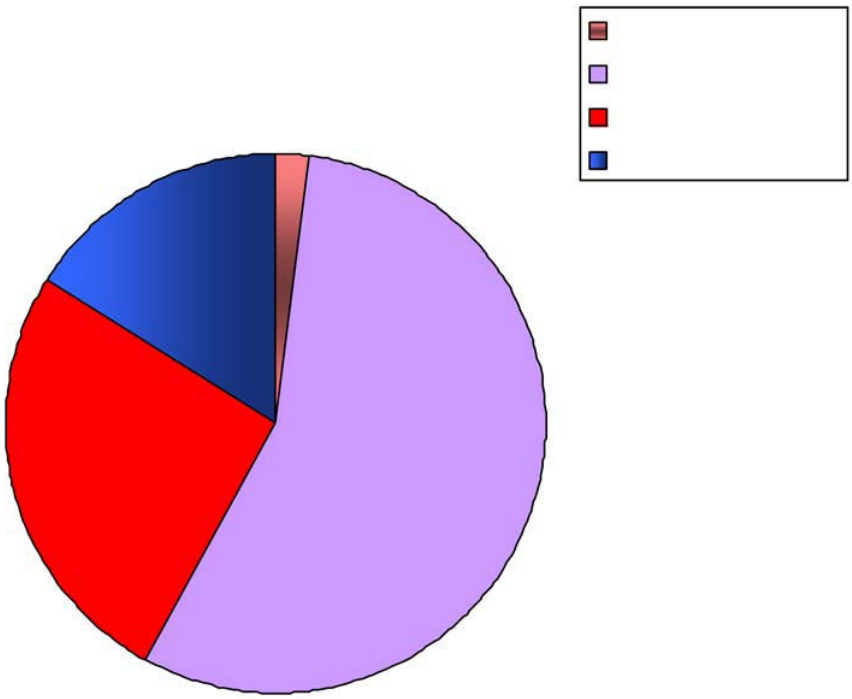

Figure 7 : **Distribution of samples according to Occupation of father**

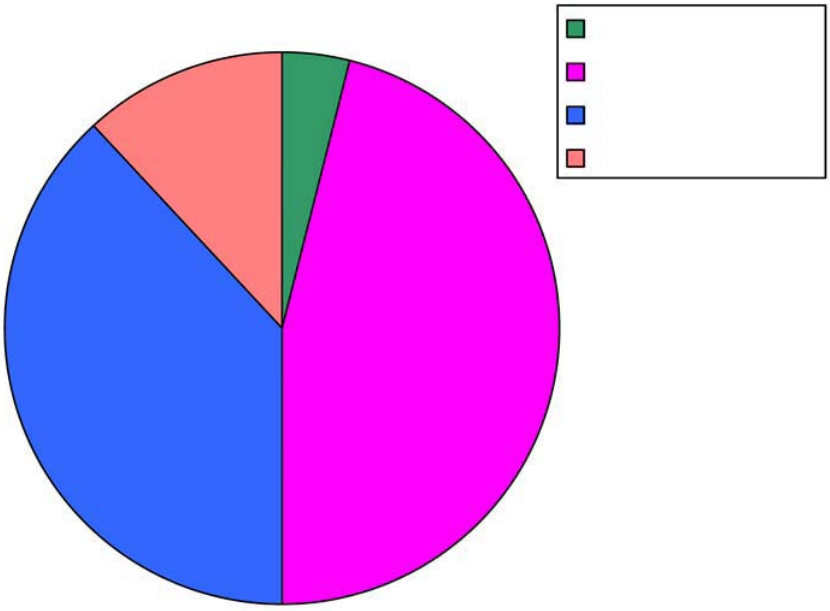

Figure 8 : **Distribution of samples according to Occupation of mothers**

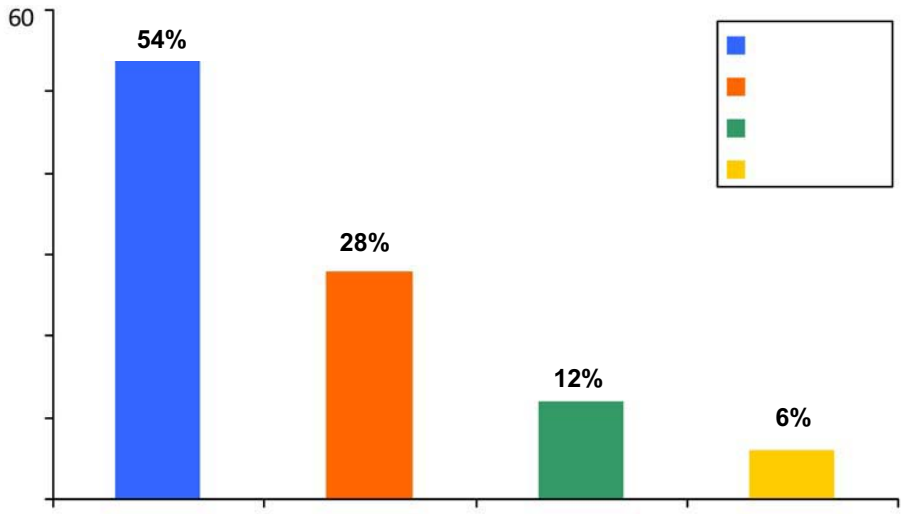

Figure 9 : **Distribution of samples according to Income of family**

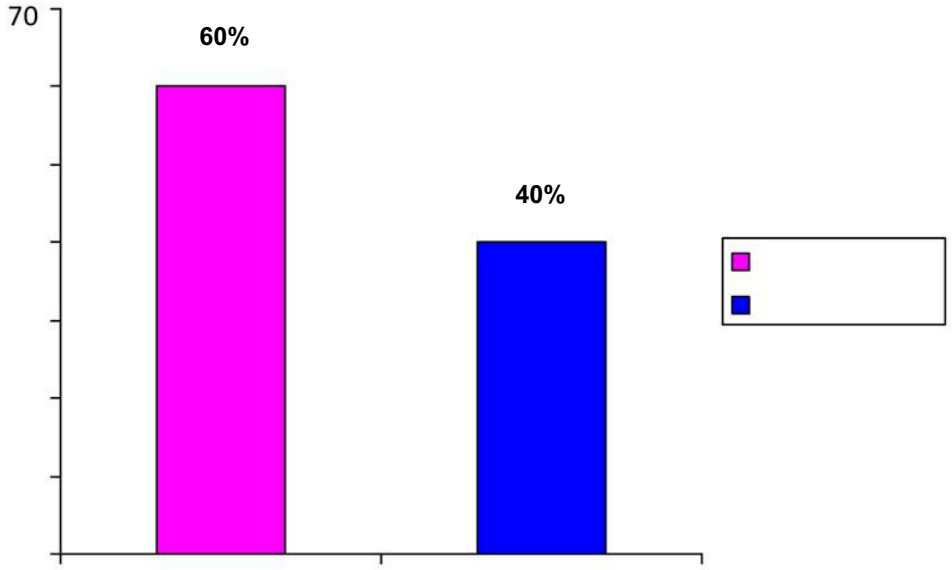

Figure 10 : **Distribution of samples according to Type of family**

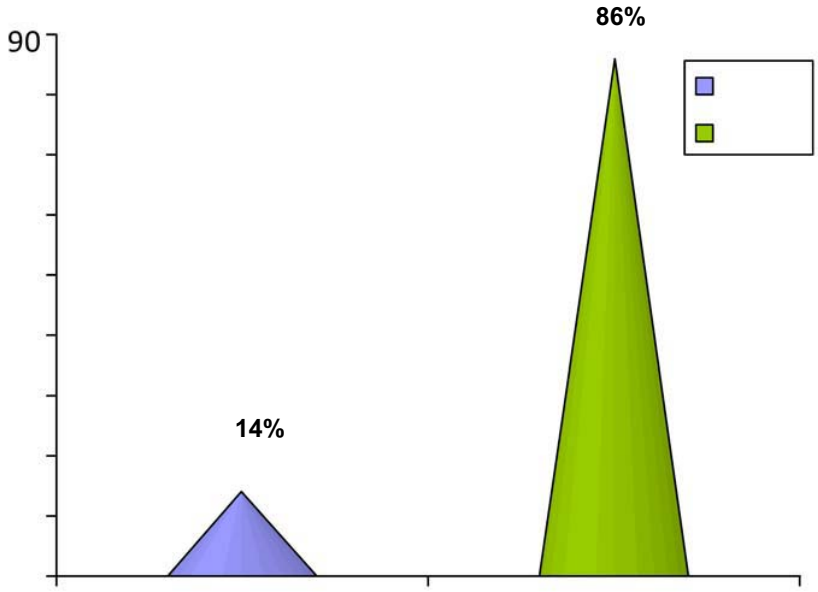

Figure 11 : **Distribution of samples according to area of Living**

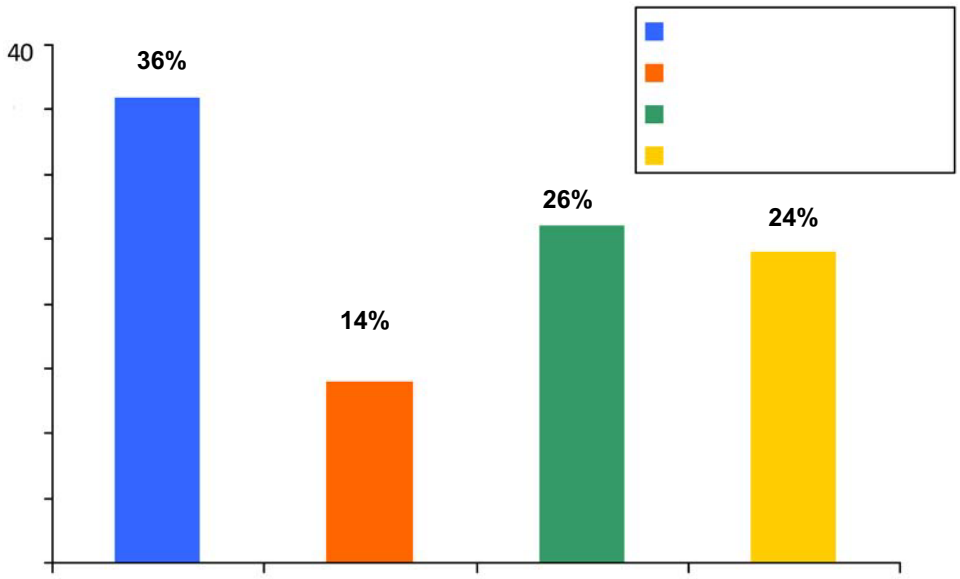

Figure 12 : **Distribution of samples according to Previous source of Information**

Section B :

This section deals with pretest and post test scoring knowledge regarding health hazards of tobacco consumption among adolescents

Table 2: Pretest knowledge of adolescent regarding health hazards of tobacco consumption

(N=50)

Categories of Scoring	**Adolescents**	
	F	**%**
Knowledge		
Above average	0	0
Average	10	20
Below Average	40	80

The above table shows the level of knowledge of adolescent before video assisted teaching programme.

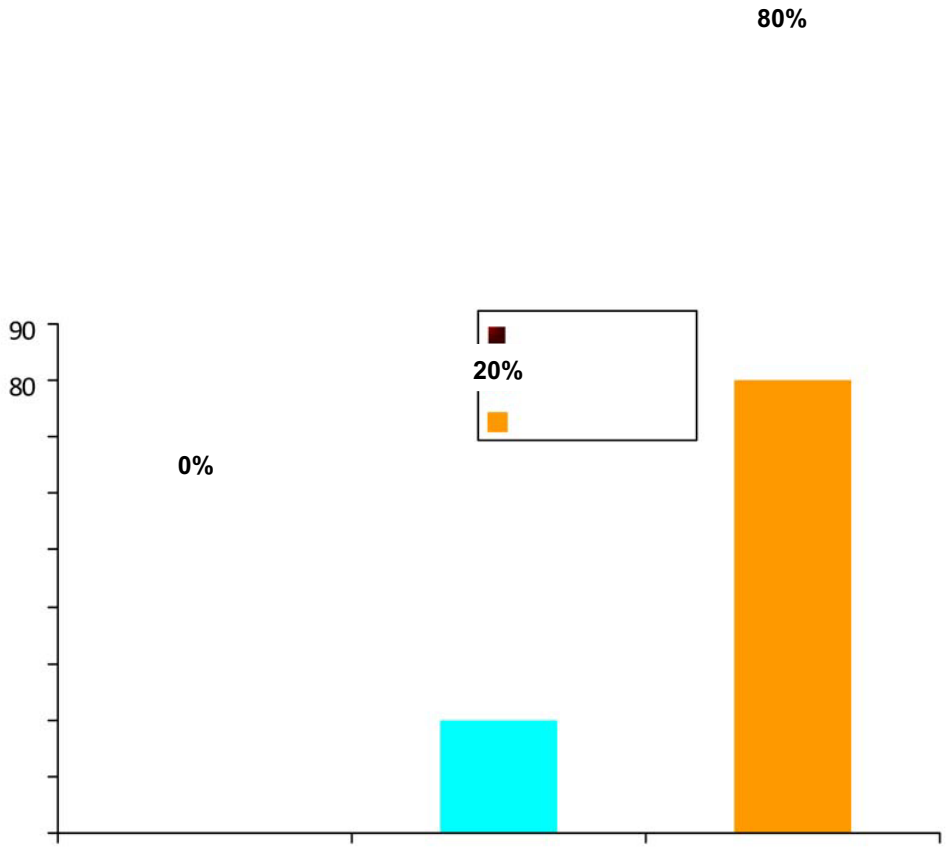

Figure 13 : **Distribution of samples according to Pretest knowledge**

Table 3: Post test knowledge of adolescent regarding health hazards of tobacco consumption

(N=50)

Categories of Scoring	Adolescents	
	F	**%**
Knowledge		
Above Average	16	32
Average	30	60
Below Average	4	8

The above table shows the level of knowledge of adolescent after Video Assisted Teaching Programme.

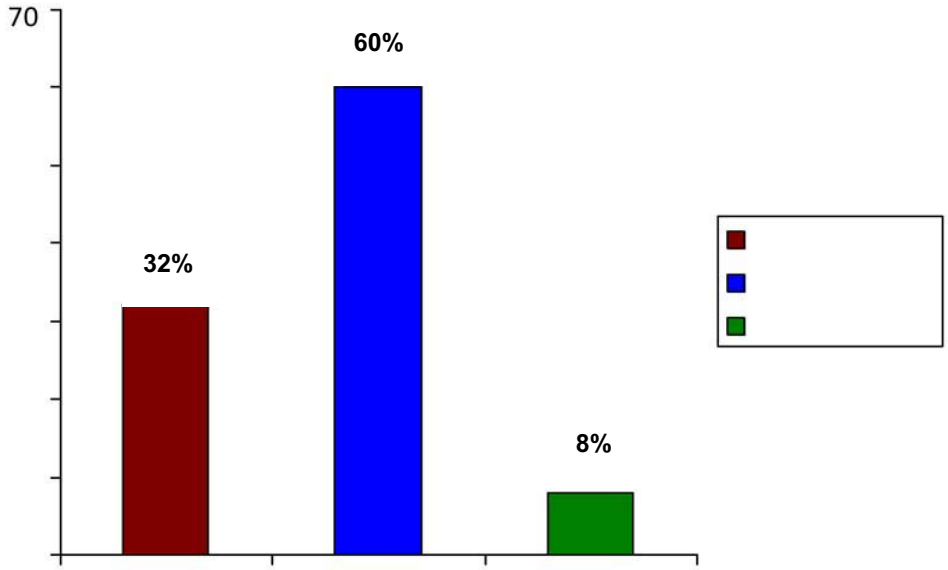

Figure 14 : **Distribution of samples according to Posttest knowledge**

Tables 4

Effectiveness of Video Assisted Teaching Programme on health hazards of tobacco consumption by comparing the pretest and post test scoring of knowledge regarding health hazards of tobacco consumption among adolescent.

(N=50)

Group	Mean difference	SD	t test	Table Value
Pre test	13.2	2.50		
			27.5	2.02
Post test	18.7	2.47		

Significance at P<0.05

The above table shows assess the effectiveness of Video assisted teaching programme is Improving the knowledge regarding health hazards of tobacco consumption, which is statistically significant with the value of t =27.5 with table value 2 .02.

Section C

This section deals with the association between knowledge of Adolescents regarding health hazards of tobacco consumption with selected demographic variables.

Table 5

Association between knowledge of Adolescents regarding health hazards of tobacco consumption and selected demographic variables. N = 50

Sl. No	Demographic Variables	Above Mean	Below Mean	df	Chi square value	P value
1	**Age**					
	a) 13 years	7	5			
	b) 14 years	6	11	2	0.013	(5.99)
	c) 15 years	10	11			
2	**Education of the Child**					
	a) 8th	11	5			
	b) 9th	2	11	2	0.026	(5.99)
	c) 10th	10	11			
3	**Education of Father**					
	a) Illiterate	0	0			
	b) Primary	6	10	3	0.010	(7.82)
	c) High School					
	d) Higher Secondary	10	5			

Table 5 to be continued …..

4	**Education of Mother**					
	a) Illiterate	1	1			
	b) Primary	8	8	3	0.004	(7.82)
	c) High School					

Sl. No	Demographic Variables	Above Mean	Below Mean	df	Chi square value	P value
	d) Higher Secondary School	7 8	10 7			
5	**Occupation of Father**					
	a) Un employee	0	1			
	b) Daily wages	11	10	3	0.015	(7.82)
	c) Private Employee					
	d) Govt. Employee	6	7			
		6	9			
6	**Occupation of Mother**					
	a) Un employee	7	22			
	b) Daily wages	7	3	3	0.026	(7.82)
	c) Private Employee					
	d) Govt. Employee	5	1			
		4	1			
7	**Income**					
	a) Rs. – 10,000	12	20			
	b) Rs. – 15,000	7	1	3	0.006	(7.82)
	c) Rs. – 20,000					
	d) 20,000 above	2	3			
		2	3			
8	**Types of Family**					
	a) Nuclear Family	11	19	1	0.018	(3.84)

Table 5 to be continued …..

9	**Area of Living**					
	a) Urban	2	6	1	0.020	(3.84)
	b) Rural	21	21			
10	**Previous source of**					

Sl. No	Demographic Variables	Above Mean	Below Mean	df	Chi square value	P value
	Information					
	a) Parents	8	10			
	b) Friends and Family members	4	3			
	c) News paper			3	0.003	(7.82)
	d) Mass media	6	7			
		5	7			

Significance at P < 0.05

The above table shows that, there was no significant association between demographic variables such as Age, Education of child, Education of father, Education of mother, Occupation of father, Occupation of mother, Income of family, Type of family, Area of living, Previous source of information at the 0.05 level 0f significance.

CHAPTER - V

Result and Discussion

The present study was conducted to determine the effectiveness of Video Assisted Teaching programme on knowledge regarding health hazards of tobacco consumption among adolescents. It was a pre experimental design with one group pre test and post test design. In this study the knowledge of the adolescents regarding health hazards of tobacco consumption was assessed by structured questionnaire. The result were discussed based on the objectives of the study.

Objectives of the study:

1. To assess the knowledge of adolescents regarding tobacco consumption and its hazards before video assisted teaching programme.
2. To assess the knowledge of adolescent regarding tobacco consumption and its hazards after video assisted teaching programme.
3. To determine the effectiveness of video assisted teaching programme among adolescents.
4. To determine the association between knowledge and selected demographic variables.

Distribution of the study samples based on demographic variables.

The samples were selected based on the inclusion criteria. The characteristics of samples are discussed below.

Table 1 shows the distribution of subjects according to the demographic variables.

Age wise distribution shows 23 (46%) children were in the age group of 13 years, 17(34%) were in the age group of 14 years, 10 (20%) were in the age group of 15 years.

According to education of child 16(32%) samples were 8th standard 14(28%) samples were 9th standard and 20 (40%) were in 10th standard.

According to education of father 16(32%) samples were in primary school 22(44%) were in high school and 12 (24%) were in higher secondary school.

According to educational status of mother 3(6%) samples were in illiterate and 15(30%) were in primary school 21(42%) were in high school and 11 (22%) were in higher secondary school.

Regarding occupation of father 1(2%) were unemployee and 28(56%) were in daily wages, 13(26%) were in private employee, 8(16%) were in govt. employee.

Also 23(46%) of mother were in unemployee and 19(38%) were in daily wages, 6(12%) were in private employee, 2(4%) were in govt.employee.

Regarding economic status 27(54%) subject family Rs. 10,000 per month and 14(28%) were in Rs. 15,000 and 6(12%) were Rs. 20,000 and 3(6%) were in Rs. 20,000 and above.

In type of family majority were from Nuclear family that in 30(60%) and 20(40%) were in joint family.

About area of live in 43(86%) students are from rural areas 7(14%) from urban areas.

Regarding previous source of information 18(36%) from parents, 7(14%) from friends and family members, 13(26%) from news paper, 12(24%) from mass media.

The first objective of the study was to assess the knowledge of adolescents regarding tobacco consumption and its hazards before video assisted teaching programme. Among them 80% scored below average knowledge and 20% scored average knowledge. This findings shown that there is a need for giving Video Assisted Teaching programme regarding health hazards of tobacco consumption.

Second objective of the study was to assess the knowledge of adolescent regarding tobacco consumption and its health hazards after Video Assisted Teaching Programme. Among the participants 32% had above average knowledge. 60% average knowledge and 8% scored below average knowledge. This findings shown that most of the adolescents had average knowledge regarding health hazards of tobacco consumption and there is significant improvement in the level of knowledge.

D. Sripriya Selva Kani (2015) conducted a descriptive study on Assess the knowledge of school children on addictive substances. Sample size were 60 children in the age of 9-11 years. Simple random sampling technique was used. Data were collected by structured questionnaire and an attitude scale. Data analysis was done using descriptive and inferential statistics. The study finding revealed that 60.5% samples had poor level of knowledge and only 10% had fair knowledge

Third objectives of the study was to determine the effectiveness of Video Assisted Teaching Programme among adolescents. During pre test, 80% scored below average knowledge and 20% average knowledge. During the post test 32% had above average knowledge and 60% had average knowledge and 8% had below average knowledge. By comparing this pre test and post test it reveals that in pre test 80% below average knowledge. But post test only 8% scored below average knowledge. This shows improvement in the level of knowledge regarding health hazards of tobacco consumptions.

Mr. Renjith Chandran E (2012) conducted a study to assess the effectiveness of video assisted teaching regarding the hazards of tobacco smoking among adolescents in selected Higher secondary school at Management. One group pretest and post test design was used. Sample size is 100 and simple random sampling technique is used. Data were collected by structured questionnaire. Data were analyzed by descriptive and Inferential statistics. The study finding revealed that 37.3% had good knowledge and 63.6% had poor knowledge regarding hazards of smoking.

Fourth objective of the study was to determine the association between knowledge and selected demographic variables such as Age, Education of father, Education of mother, Occupation of father, Occupation of mother, Income of family, Type of family, Area of living, Previous source of information. There was no significant association with demographic variables such as Age, Education of child, Education of father, Education of mother, Occupation of father, Occupation of mother, Income of family, Type of family, Area of living, Previous source of information .

Video Assisted Teaching Programme helps the Adolescents to improve their knowledge regarding health hazards of tobacco consumption and empower adolescents to lead a healthy life in this complex society.

CHAPTER - VI

Summary, Conclusion, Nursing implications, Limitations and Recommendations

This chapter deals with the summary to the study and conclusion drawn from the study. It also explains Limitation of the study, Implication of the study on different areas like Nursing education, Nursing administration, Nursing practice and research.

Summary

The study was undertaken to assess the effectiveness of video assisted teaching programme on knowledge of health hazards of tobacco consumption among adolescents in Govt. Higher Secondary School, Kandanvilai.

Objectives of the study:

1. To assess the knowledge of adolescents regarding tobacco consumption and its hazards before video assisted teaching programme.
2. To assess the knowledge of adolescent regarding tobacco consumption and its hazards after video assisted teaching programme.
3. To determine the effectiveness of video assisted teaching programme among adolescents.
4. To determine the association between knowledge and selected demographic variables.

Hypotheses

1. There is a significant improvement in the level of knowledge after video assisted teaching programme regarding tobacco consumption.

2. There is no significant association between knowledge and selected demographic variables of adolescent regarding tobacco consumption.

The present study was based on the concept of J.W. Kenny's open system model. The review related to the study has been done to identify, select, critically analyze and report on existing information of the problem selected for the study. This help the investigator to prepare the tool for the study. 50 samples were selected by purposive sampling technique. A pre test was conducted by administering structured questionnaire. Investigator given video assisted teaching programme about health hazards of tobacco consumption. After 7 days of teaching session a post test was conducted by same structured questionnaire.

The data were collected, arranged, tabulated and analyzed using appropriate statistical methods and results were charted in the analysis. During pre test, 80% scored below average knowledge and 20% average knowledge. During the post test 32% scored above average knowledge and 60% scored average knowledge and 8% scored below average knowledge. By comparing the pre test and post test we can find out that in pre test 80% below average. But in post test only 8% scored below average knowledge. This shows improvement in the level of knowledge regarding health hazards of tobacco consumption.

Findings of the study:

The findings revealed that there was significant improvement in the Mean knowledge.

The above mentioned mean difference was statistically proved by t test, for knowledge. (t=27.5) with the table value (2) . The difference of knowledge was statistically highly significant at the level of $p<0.05$ and the H1was accepted. The above table 5 shows that there was no significant association with demographic variables such as Age, Education of child, Education of father, Education of mother, Occupation of father, Occupation of mother, Income of family, Type of family, Area of living, Previous source of information .

Conclusion:

This study reveals that the Video Assisted Teaching Programmes are very effective in improving the knowledge of Adolescents regarding health hazards of Tobacco consumption. There by it helps in regarding Tobacco consumption rate and preventing the hazards which can happen in future.

Nursing Implication:

The finding of the study revealed the effect of Video Assisted teaching programme is improving the level of knowledge regarding health hazards of tobacco consumption among adolescents and it can be implied in Nursing Research and Nursing Administration.

Nursing Practice:

1. The finding of the present study help the Nurses to identify the health hazards of tobacco consumption.

2. Nurses can provide awareness regarding health hazards of Tobacco consumption while conducting school health programme.

3. Nurses can prepare the adolescents to provide health education to their peers thereby preventing the tobacco consumption.

Nursing Education:

- In-service education can be given to the nursing personel in various methods of teaching while providing health education to adolescents regarding health hazards of tobacco consumption.

- The Nursing students must be prepared to provide Health teaching by using various teaching methods.

Nursing Research :

1. The present study can be used as a source of review of literature for others, who intending to conduct study on effectiveness of Video Assisted Teaching Programme on knowledge of health hazards of tobacco consumption among adolescents.

2. The study can be done in various setting and for different age groups to improve level of knowledge.

Nursing Administration:

The study emphasized the need for health education programme about Video Assisted teaching Programme on health hazards of Tobacco consumption among adolescents which helps to improve the knowledge of Adolescents regarding health hazards of Tobacco consumption.

Limitations:

1. The study was conducted with 50 samples only. Hence the generalization is not possible.
2. Present study limited to small number of subjects and related to only Adolescents.
3. The tool used for the data collection was not standardized. It was designed by Investigator herself for the purpose of the present study based on the objectives of the study.

Recommendations:

1. A similar study can be done for a large and wider sample for more generalizability.
2. The study can be done for a long term basis to produce more outcomes
3. Encourage beginning receivers to conduct longitudinal study regarding health hazards of Tobacco consumption.

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APPENDICES : A

SREE MOOKAMBIKA COLLEGE OF NURSING

(Approved by the Government of Tamil Nadu & Recognised by Indian Nursing Council, New Delhi, Tamil Nadu state Nurses & Midwives Council, Chennai.)
Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

PADANILAM WELFARE TRUST, V.P.M.HOSPITAL COMPLEX, PADANILAM, KULASEKHARAM, K.K.DIST., TAMIL NADU, PIN : 629 161.
Phone : 04651 - 280743, 280866, 280742, 280745

ETHICAL COMMITTEE CLEARANCE

Date : 23-12-2014

Lr. No.

To

Mrs. Jasphin Shiny

I YR .M.Sc (N),

Sree Mookambika College of Nursing,

Kulasekharam.

Ref: Research Topic: A Study to assess the effectiveness of Video assisted teaching programme on knowledge regarding health hazards of tobacco consumption among adolescent boys in selected higher secondary school at Kanyakumari District.

Sub: Approval of the above reference study .

Dear Jasphin Shiny

Ethics committee of Sree Mookambika College of Nursing, Kulasekharam reviewed and discussed the study proposal documents submitted by you related to the conduct of the above referenced study in the meeting held on 23-12-2014.

The following ethical committee Members were present at the meeting held on 23-12-2014.

NAME	PROFESSION	POSITION IN THE COMMITTEE
Prof. Mrs. Santhi Letha	Nursing	Chair Person
Dr. Kani Raj Peter	Medical	Basic Medical Scientist
Dr. T.C. Suguna	Nursing	Clinician
Adv. Mohanan	Legal	Legal Expert
Prof. Mrs.Ajitha Retnam	Nursing	Member secretary
Dr.P. Selva Raj	Management	Philosopher
Mr. Natarajan	Social	Medical Social Worker
Mrs. Latha	Lay Person	Community Person

After due ethical and scientific consideration, the ethics committee has approved the above presentation submitted by you.

Regards,

Mrs. Santhi Letha PhD (N)

Ethics Committee Chairperson,

Sree Mookambika College of Nursing,

V.P.M. Complex, Padanilam, Kulasekharam.

Date : 23-12-2014

Place :Kulasekharam

APPENDICES : B

LETTER SEEKING EXPERT OPINION FOR TOOL VALIDITY

Date:

To

Madam/ sir

Sub : M.Sc Nursing Programme - dissertation - Validation of study tool request - reg:

Ms/ Mrs. J. JASPHIN SHINY, a bonafide if II Year M.Sc Nursing student of Sree Mookambika College of Nursing is approaching you to obtain validation of study tool pertaining to her dissertation in practical fulfillment of the requirement for the degree of Master of Science in Nursing. **"A study to assess the effectiveness of video assisted teaching programme on knowledge of health hazards of tobacco among adolescents in selected higher secondary schools at Kanyakumari District."** In this regard I request you to kindly extent possible technical guidance and support for successful completion of dissertation.

I enclosed here with a check list for your evaluation

Thanking You

Yours Sincerly

PRINCIPAL

PRINCIPAL
Sree Mookambika College of Nursing
Kulasekharam-629 161

APPENDICES : C

To

The Principal,
Govt Higher Secondary School,
Kandan vilai.

Respected Sir,

Sub: Letter for Seeking Permission to conduct data Collection reg:

This is to introduce J.Jasphin Shiny IInd year M.Sc (N) Student of Sree Mookambika College of Nursing. She has to conduct data collection in research study as a partial fulfillment of the course which is to be submitted to the Dr.M.G.R. Medical University, Chennai: **"A Study to assess the effectiveness of Video assisted teaching programe on health hazards of Tobacco consumption among Adolescents in a selected school at Kanyakumari District"**.

The student is in need of your esteemed help and co-operation as she is interested in conducting the study in your institution. In this regard I request you to extent possible guidance and support for successful completion of data collection.

Thanking You

Yours Sincerely

SREE MOOKAMBIKA COLLEGE OF NURSING KULASEKHARAM

PRINCIPAL

PRINCIPAL
Sree Mookambika College of Nursing
Kulasekharam-629 161

APPENDICES : D

GOVT. HIGHER SEC. SCHOOL
KANDANVILAI-629 810

CERTIFICATE

This is to certify that Mrs. Jasphin Shiny, II Year Msc.(N) student of Sree Mookambika College of Nursing has done her data collection regarding a study to assess the effectiveness of video assisted teaching program on health hazards of tobacco consumption among adolescent boys in Government Higher Secondary School, Kandanvilai during the month of November 2015.

Kandanvilai

27.11.2015

GOVT. HIGHER SEC. SCHOOL
Date 27.11.2015
KANDANVILAI-629 810

27/11/2015
HEADMASTER

GHSS KANDANVILAI
தலைமை ஆசிரியர்
அரசு மேல்நிலைப்பள்ளி
கண்டன்விளை-629 810
கன்னியாகுமரி மாவட்டம்

APPENDICES : D

LIST OF EXPERTS FOR TOOL VALIDATION

1. **Dr. Devikala, M.D., DCH.**
   Professor of Pediatrics Department,
   Sree Mookambika Institute of Medical Science,
   Kulasekharam .

2 **Mrs. Violin Sheeba, M.Sc .,(N)**
   Principal,
   Thasiah College of Nursing,
   Marthandam.

3 **Mrs.Leena Joselet**
   Associate Professor,
   C.S.I. College Of Nursing,
   Karakonam, Trivandrum.

4. **Mrs. Premalatha,M .Sc.,(N)**
   Associate Professor,
   CSI College of Nursing,
   Neyyoor.

5. **Mrs. Malkhijah ,**
   Reader,
   CSI College of Nursing,
   Neyyoor.

6. **Mrs.Josphine Vinitha .S. M.Sc.,(N),M.B.A.**
   Vice Principal ,
   NIMS, College of Nursing,
   Neyyatinkara, Trivandrum.

APPENDICES : E

EVALUATION TOOL CHECK LIST

Name of the expert :

Designation :

College :

Respected Madam / Sir,

Kindly go through the demographic variables, and structured questionnaire , please give your valuable suggestions regarding accuracy, relevancy, and appropriateness of the content. If there is any suggestions or comments, please mention in the remarks column.

PART : A

DEMOGRAPHIC VARIABLES

Sl. No	Items		Remarks
	Accepted	Not Accepted	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PART : B

STRUCURED QUESTIONNIARE

Questionnaire No.	Items		Remarks
	Accepted	Not Accepted	
1.			
2.			
3.			
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18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

APPENDICES : F

DESCRIPTION OF TOOL

PART – I

1. Age

a. 13 yrs

b. 14 yrs

c. 15 yrs

2. Educational status of the child

(a) Std - 8

(b) Std - 9

(c) Std – 10

3. Educational status of Father

(a) Illiterate

(b) Primary

(c) High school

(d) Higher secondary school

4. Education status of the Mother

(a) Illiterate

(b) Primary

(c) High school

(d) Higher secondary or above

5. Occupation of the father

   (a) Unemployee

   (b) Daily wages

   (c) Private Employee

   (d) Government Employee

6. Occupation of the Mother

   (a) Unemployee

   (b) Daily wages

   (c) Private Employee

   (d) Government Employee

7. Income is

   (a) Rs. 10,000

   (b) Rs. 15,000

   (c) Rs. 20,000

   (d) Above Rs.20,000

8. Type of Family

   (a) Nuclear Family

   (b) Joint Family

9. Area of Living

   (a) Urban

   (b) Rural

10. Previous source of information

   (a) Parents

   (b) Friends and Family members

   (c) News Paper

   (d) Mass Media

QUESTIONNAIRE

1. Smoking Means
   (a) Act of inhaling and exhaling tobacco
   (b) Act of consuming tobacco
   (c) Act of chewing tobacco
2. Tobacco consumption means
   (a) Any habitual use of the tobacco plant, leaf and its products
   (b) Only smoking tobacco
   (c) Only tobacco chewing
3. Active smoking means
   (a) Boy with the cigarette
   (b) Inhaling cigarette smoke themselves
   (c) Taking tobacco smoke into the mouth and then releasing it
4. Passive smoking means
   (a) Inhaling the cigarette smoke themselves
   (b) Smoking during adolescence period
   c inhaling the cigarette smoke of others
5. The Reason for tobacco consumption is
   (a) Parenting style
   (b) Peer pressure
   (c) Socio economic status
   (d) All the above
6. The main risk factor for developing lung cancer is
   a) Continuous smoking
   b) Continuous exposure of fumes
   c) Non treating asthma

7 The toxic substance present in cigarette is

(a) Nicotine

(b) Cannabis

(c) Pan

8 The type of reaction occurs in bone due to smoking

(a) Impaired bone healing

(b) Spine cancer

(c) Fracture

9. The common cancer occurs due to smoking

(a) Brain tumour

(b) Lung cancer

(c) Oral cancer

10. The most important complication arising in men due to smoking

(a) Impotence

(b) Hydrocele

(c) Urinary tract Infection

11. The common psychological problem due to smoking

(a) Depression

(b) Stress

(c) Anger

12. The most associated problem that occurs in mouth due to the effect of smoking

(a) Bad breath

(b) Voice change

(c) Colour change

13. The problem that occurs in taste due to continuous usage of smoke

(a) Loss of taste

(b) Increased the taste

(c) No change

14. The main problem that occurs in the teeth due to smoking is

    (a) Dental carries

    (b) Staining of teeth

    (c) Teeth breakage

15. The problem arises in central nervous system due to smoking.

    (a) Poor eyesight

    (b) headache

    (c) Memory loss

16. The problem associated with the skin due to long term effect of smoking is

    (a) Dermatitis

    (b) Early aging

    (c) Leukoderma

17. The chemical agent present in the cigarette that causes thyroid disease is

    (a) Acrolein

    (b) Cyanedim

    (c) Nicotine

18. The WHO estimation of mortality rate due to the effect of smoking in 2013 is

    (a) 2 million

    (b) 3 million

    (c) 6 million

19. The smoking causes peptic ulcer by

    (a) Increased acid secretion and mucosal blood flow

    (b) Decrease digestion

    (c) Decrease the absorption

20. The method which can be used to stop smoking is

(a) Nicotine patch

(b) Chewing gum

(c) Chewing chocolates

(d) All the above

21. The manifestation of tobacco consumption is

(a) Diarrhoea

(b) Sweating

(c) Increase heart rate

22 The reason for discoloration of teeth seen in tobacco consumption is

(a) Smoking

(b) Poor oral hygiene

(c) Continuous usage of mouth wash

23. The complication of tobacco consumption is

(a) Coronary artery disease

(b) Depression

(c) Diabetes mellitus

24. The preventive strategies of tobacco consumption is

(a) Designate schools as smoke free places

(b) Provide antismoking education

(c) Provide children with good supervision and support

(d) All the above

25 The smoking can be quit by

(a) Keep up good habits

(b) Try to stop by himself

(c) Involve him in social work

(d) All the above

©¬Ü : A

R² U²R Ï±l×Ls

1. YVÕ

   (A) 13 YVÕ (B) 14 YVÕ (C) 15 YVÕ

2. ÏZkûR«u Lp®j RÏ§

   (A) GhPôm YÏl× (B) JuTRôm YÏl×

   (C) TjRôm YÏl×

3. RkûR«u Lp®jRÏ§

   (A) T¥dLôRYo (B) ùRôPdL ¨ûX

   (C) SÓ¨ûX (D) EVo¨ûXd Lp®

4. Rô«u Lp®jRÏ§

   (A) T¥dLôRYo (B) ùRôPdL ¨ûX

   (C) SÓ¨ûX (D) EVo¨ûXd Lp®

5. RkûR«u úYûX

   (A) úYûX«pXôRYo (B) §]dá

   (C) AWÑ úYûX (D) R²Vôo úYûX

6. Rô«u úYûX

   (A) úYûX«pXôRYo (B) §]dá

   (C) R²Vôo úYûX (D) AWÑ úYûX

7. UôR YÚUô]m

   (A) ì. 10,000 UôRm (B) ì. 15,000 UôRm

   (C) ì. 20,000 UôRm (D) ì. 20,000dÏm úUp

8. ÏÓmTj§u YûL

   (A) R²d ÏÓmTm (B) áhÓdÏÓmTm

9. YôÝm CPm

   (A) SLWm (B) ¡WôUm

10. Øu A±Ü

   (A) ùTtú\ôo (B) SiToLs Utßm E\®]oLs

   (C) §]N¬ Sô°Rr (D) Yôù]ô, ùRôûXdLôh£l ùTh¥

©¬Ü - B

§\ûULû[YûWVßdÏm úLs®Ls :

1. ×ûLjRp GuTÕ
   (A) ×ûL«ûXûV Es°ÚkÕ ùY°úVtßm ùNVp
   (B) ×ûL«ûXûV EhùLôsÞRp
   (C) ×ûL«ûXûV ùUpÛRp
2. ×ûL«ûX EhùLôsYÕ GuTÕ
   (A) GkRl TZdLUôL GÓjÕd ùLôs[lTÓm ×ûL«ûX ùN¥, CûX Utßm AûRf NôokRûY
   (B) ×ûLl©¥jRp UhÓm
   (C) ×ûL«ûXûV ùUpÛRp UhÓm
3. Rô]ôLl ×ûLl©¥jRp GuTÕ
   (A) ûTVàPu £LùWh
   (B) Rôm ÑVUôL ×ûLl©¥jRp
   (C) ×ûL«ûXûVl ×ûLjÕ Yô«]ôp CÝjÕ AûR ùUÕYôL ùY°úVtßRp
4. Ru]±Yt\ ×ûLl©¥jRp GuTÕ
   (A) Rôm ÑVUôL ×ûLl©¥jRp
   (B) C[YV§úXúV ×ûLlTZdLm
   (C) Ut\Y¬u £LùWh ×ûLûV ÖLoRp
5. ×ûLl©¥lTRu LôWQm
   (A) ùTtú\ôo ×ûLlTRôp
   (B) SiToL°u ¨oTkRm
   (C) NêLf ãZp

(D) úUp Es[Aû]jÕm

6. ÖûWÂWp ×tßúSôn YWdLôWQm

(A) GpXô SôÞm ×ûLl©¥lTRôp

(B) GpXô SôÞm ×ûLûVf ÑYô£lTRôp

(C) BvÕUôÜdÏ UÚkÕ GÓdLôUp CÚlTÕ

7. £LùWh¥p APe¡Ùs[SfÑjRuûU

(A) ¨dúLôh¥u

(B) Lôu]ôÀuv

(C) Tôu

8. ×ûLjR]ôp GÛm©p YÚm Uôt\m

(A) GÛm× LôVm B\ôUp CÚlTÕ

(B) RiÓ YPj§p ×tßúSôn

(C) GÛm× Ø±Ü

9. ×ûLl©¥jRXôp HtTÓm ùTôÕYô] ×tßúSôn

(A) êû[d Lh¥

(B) ÖûWÂWp ×tßúSôn

(C) Yôn ×tßúSôn

10. ùSÓeLôXm ×ûLl©¥jRXôp BiLÞdÏ HtTÓm Tô§l×

(A) BiûU Ïû\Ü

(B) ®ûR ÅdLm

(C) £ß¿o TôûR«p ùRôtß úSôn HtTPp

11. ×ûLl©¥lT§]ôp ùTôÕYôL YÚm U] AÝjRm

(A) U]jR[oÜ

(B) LYûX

(C) úLôTm

12. ×ûLjR]ôp Yô«p HtTÓm Tô§l×

(A) ÕoSôt\m

(B) ÏWp Uôt\m

(C) ¨\m Uôt\m

13. ùSÓeLôXm ×ûLl©¥jRXôp ÑûY«p YÚm Uôt\m

(A) ÑûY«uûU

(B) A§L ÑûYÙQoÜ

(C) GkR Uôt\Øm CpûX

14. ×ûLjR]ôp TtL°p HtTÓm Tô§l×

(A) Tp ùNôjûR

(B) TtLû\

(C) Tp EûPÜ

15. ×ûLl©¥lTRôp ûUV SWm× TÏ§«p YÚm Tô§l×

(A) TôoûY Ïû\Rp

(B) RûX Y

(C) ¨û]Yôt\p Ïû\Rp

16. ùSÓeLôXm ×ûLl©¥jRXôp úRôp HtTÓm Tô§l×

(A) úRôp ×i

(B) C[Ø§of£

(C) ùYiÏxPm

17. £LùWh¥p AûUkÕs[GkR úY§lùTôÚû[ûRWônÓ ÑWl© úSôûV HtTÓjÕ¡\Õ.

    (A) AdúWôu

    (B) ûNVú]¥Vm

    (C) ¨dúLôh¥u

18. P©së.Gf.K (WHO) RLYuT¥ JÚ YÚPm ×ûLl©¥lTRôp C\dÏm UdLs

    (A) 2 ªpVu

    (B) 3 ªpVu

    (C) 6 ªpVu

19. ×ûLl©¥lTRôp ÏPp ×i YWdLôWQm

    (A) CWjR JhPjûRÙm AªX ÑWl©ûVÙm A§LlTÓjÕRp

    (B) E±gNp RuûU Ïû\Ü

    (C) _øWQd Ïû\TôÓ

20. ×ûLl©¥lT§]ôp YÚm A±Ï±Ls

    (A) Y«tßl úTôdÏ

    (B) ®VoûY

    (C) CRV Õ¥l× A§LUôdÏRp

21. ×ûLl©¥lT§]ôp TtLû\ YWdLôWQm

    (A) ×ûLl©¥lTÕ

    (B) Tp ÕXdLôûU

    (C) A¥dL¥ Yôn LÝYôûU

22. ×ûLl©¥lT§]ôp YÚm ©u®û[ÜLs

    (A) CRV RU² úSônLs

    (B) U] R[oÜ

    (C) ¿W¯Ü úSôn

23. ×ûLl©¥lûTj RÓdÏm Øû\Ls

    (A) Ts°dáP AÚLôûU«p ×ûLl©¥lTûRj R®odL úYiÓm

    (B) ×ûLlTûRj R®odL Lp® ×LhP úYiÓm

    (C) ÏZkûRLû[Su\ôL LY²jÕ úRûYVô] ER®Lû[f ùNnV úYiÓm

    (D) úUp Es[Aû]jÕm

24. ×ûLlTZdLjûR ¨ßjR TVuTÓjÕm Ød¡VUô] Uôtß Y¯Øû\

    (A) ¨dúLôh¥u JhÓ

    (B) úLôkÕ

    (C) NôdúXh

    (D) úUp Es[Aû]jÕm

25. ×ûLlTZdLjûRj RÓdÏm Øû\

    (A) SpX TZdL YZdLeLû[Y[odL úYiÓm

    (B) Rô]ôL ¨ßjR ØVt£ ùNnV úYiÓm

    (C) NêL úYûXL°p DÓTôÓ ùLôs[úYiÓm

    (D) úUp Es[Aû]jÕm

®ûPLs :

1. A
2. A
3. C
4. C
5. D
6. A
7. A
8. A
9. B
10. A
11. A
12. A
13. A
14. B
15. A
16. B
17. A
18. C
19. A
20. C
21. A
22. A
23. D
24. D

25.D

APPENDICES : G

TEACHING MODULE

INDEX

- Meaning of tobacco consumption, active and passive smoking
- Risk factor of youth smoking
- Manifestations of tobacco consumption
- Effects of tobacco in various system
- Treatment modalities
- Preventive strategies

INTRODUCTION :

Adolescence is generally understood as the period of transition from child hood to adult hood and describes both development and sexual maturity. In this adolescent period increasingly their social contacts and presence groups in adopting or changing behavior. In 88% of adult smokers first starting the school age period. WHO estimates every years 6 million people death due to tobacco consumption.

Meaning :

- Tobacco consumption means any habitual use of the tobacco plant, leaf and its products.
- The predominant use of tobacco is by smoke inhalation of cigarettes, pipes and cigarettes.
- Smokeless tobacco refers to a variety of tobacco products that are either shifted sucked or chewed.

Active Smoking Means :

Taking tobacco smoke into the mouth and then releasing it, as is done by tobacco pipes and cigarettes.

Passive smoking means :

Passive smoking is the inhalation of smoke called second hand smoke or environmental tobacco smoke by person other than the intended active smokers.

Risk factors of Youth smoking :

1. The Role of Family :

Tobacco use by parents or an elder sibling increases the likelihood that a child begins smoking.

2. The role of peer influence :

Peer pressure is an important determining factor for initiation of tobacco use among children and adolescence.

3. Easy availability of tobacco products :

Tobacco products are socially sanctioned but are freely available in every nook and corner throughout the country.

4. Psychological / emotional factor

Lack of school involvement academic failure, and dropping out.

5. Promotion by tobacco companies.

Advertisements of various products are very common in all forms of media including the print media television and the road side hoarding and banners.

6. Other risk factors

- Poor socio economic status.
- Antisocial conducts, such as gang participation, rejection of commonly held values and association with others who exert a negative influence.
- Premature pregnancy and parent hood.
- home lessness, poverty, lack of supervision, conflict violence.
- Parental and sibling use of cigarettes.

Manifestations of Tobacco Consumption :

- Decrease appetite
- Depression
- Increase activity of intestines
- Create more saliva

- Increase heart rate by around 10 to 20 per minutes.
- Increases blood pressure by 5 to 10 mm Hg.
- Sweating

Effects of Tobacco :

- The health effects of tobacco are the effects that use of tobacco has on human health.
- The WHO estimates that each year tobacco causes about 6 million deaths (about 10% of all deaths) with 0.6 million of these occurs among non smokers due to second hand smoke.

Effects of Respiratory System :

Smoking and tobacco uses may develop symptoms such as

- Hoarseness
- Coughing
- Wheezing due to inflammation
- Lung Cancer

Effects of Cardiovascular system :

- Smoking damages entire cardiovascular system because nicotine hits the body.

  Increased blood sugar level
- Blood flow is restricted.

- Smoking lower the level of good cholesterol
- Smoking develops the coronary artery disease

Effects of Central nervous system :

Smoking increases risk of

- Macular degeneration cataracts
- Poor eye sight
- Reduce the taste and small

Effects on skin Hair and Nails :

- The substances in tobacco smoke actually change the structure of skin.
  - Skin discolouration
  - Finger nails and skin on finger may have yellow staining from holding cigarette.
- Smoking usually develops yellow or brown stains on their teeth.
- Hair holds on to the small of tobacco long after your put your cigarette out.

Effects on Digestive system :

- The great risk of developing oral problem.
- Gum inflammation
- Tooth loss and bad breath.

- Higher rates of kidney cancer and pancreatic cancer.
- Smoking also affects the insulin so that develop insulin Resistance. So Increased the risk of type 2 diabetes.

Effects on sexuality and Reproductive system :

- Restricted blood flow can affect a man's ability to get an erection.
- Higher risk of Infertility.

Effects of Tobacco on bones and Joints :

- Smoking increases the risk of Osteoporotic fractures.
- Bone density loss the people exposed to second hand smokes.
- Impaired bone healing which can delay the healing of fracture and wounds.

Complications of Tobacco Consumption :

- Coronary heart disease
- Stroke
- Pheripheral vascular disease
- Numerous cancer including cancer of the lung, mouth, Oesophagus, larynx, kidney pancreas, bladder, stomach.

TREATMENT

The goal is

To relieve craving for nicotine and case withdrawal symptoms

- Nicotine replacement therapy may also be helpful. It involves the use of products that promote low doses.
- Nicotine but none of the toxins found is smoke.
- Such products includes special gum inhalers, throat lozenges, nasal spray or skin patch.

PREVENTIVE STRATEGIES :

1. Early education :

Awareness program on the hazards of local and cheaper tobacco products like Beedis and Gutka are more essential then few school based program.

School :

- Designate schools as smoke free places, and prevent the near by sale and use of cigarettes.
- Provide anti tobacco message into many courses not just health education.
- Create, publicize and uniformly enforce clear rules regarding student substance use.

- Provide intensive staff training in anti smoking education.

Community :

- Develop an anti tobacco advertising compaign and request free print placement and air time.
- Incorporate anti tobacco education into all youth programs.
- Incorporate anti – smoking strategies to use with children.

Family :

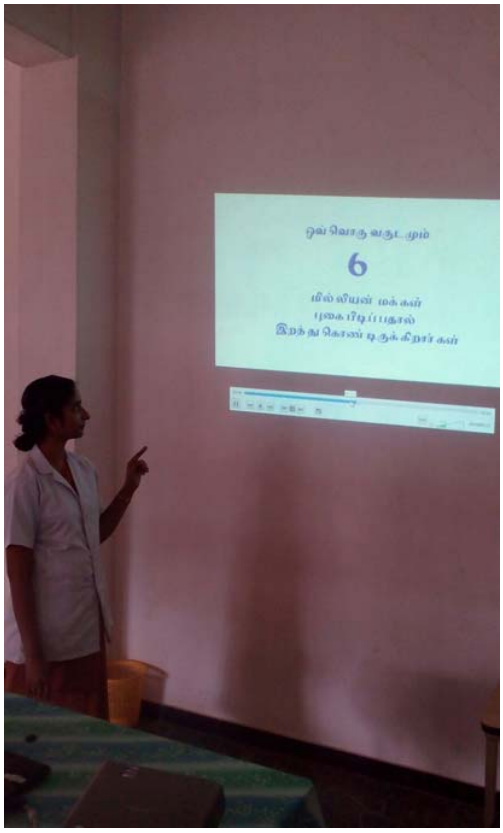
- Establish homes as smoke free places. Do not smoke if possible, or at least provide an anti smoking education.
- Provide children with good supervision and support.
- Remind older children that they are role models for younger family members, and that many youth begin to smoke because their older siblings do into all types of parent programs.
- Provide anti – smoking education along with other services in adolescent clinics.
- Provide addiction recovery services to adolescent smokers.
- Prevent the sale of cigarettes to youth and the display of tobacco promotion.
- Take a parenting skill course to learn how to provide an anti smoking and refusal skills education at home.

Summary :

- Till we discussed about health hazards of tobacco consumption meaning, risk factors, manifestation health effects of various systems and treatment and prevention strategies.

Conclusion :

The tobacco consumption is affecting the human health. National tobacco day June 26 WHO estimates that each year tobacco causes about 6 million death so the prevention of tobacco production is necessary in country.


ஒவ்வொரு வருடமும்
6
மில்லியன் மக்கள்
புகைபிடிப்பதால்
இறந்து கொண்டிருக்கிறார்கள்